

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State


04-27-2005 90354 014 ***150.00

DOCUMENT # P94000084249 1. Entity Name FIRST TAMPA DEVELOPMENT CORPORATION	
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Principal Place of Business 1525 W HILLSBOROUGH AVE TAMPA, FL 32807	Mailing Address 1525 W HILLSBOROUGH AVE TAMPA, FL 32807
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DO NOT WRITE IN THIS SPACE

40049437



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3282193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARTZIBUSHEV, DIMITRI 1525 W HILLSBOROUGH AVENUE TAMPA, FL 33603	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

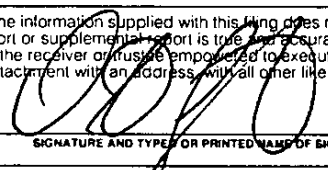
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTZIBUSHEV, DIMITRI 1525 W HILLSBOROUGH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DIMITRI ARTZIBUSHEV** **4-20-05 813-237-0529**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #