

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012553

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: S.D. ENTERPRISE OF TAMPA, INC.

## Current Principal Place of Business:

4406 W. BEACH PARK DR.  
TAMPA, FL 336093731

## New Principal Place of Business:

## Current Mailing Address:

4406 W. BEACH PARK DR.  
TAMPA, FL 336093731

## New Mailing Address:

FEI Number: 59-3295728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDDY, ROBERT  
808 W. DE LEON ST  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RIEMER, SUSAN  
Address: 4406 W. BEACH PARK DR.  
City-St-Zip: TAMPA, FL 336093731

Title: ST ( ) Delete  
Name: SAAVEDRA, DEBORAH  
Address: 619 VINTAGE WAY  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH SAAVEDRA

VP

01/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date