

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90119 020 \*\*\*150.00

**DOCUMENT # P95000043949**

1. Entity Name

WORLD TRADE CENTER GPTA, INC.



Principal Place of Business

1101 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

Mailing Address

1101 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

**DO NOT WRITE IN THIS SPACE**



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3380387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BIERLEY, JOHN C  
100 NORTH TAMPA ST  
STE 2120  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	CISNEROS, FRANK G
STREET ADDRESS	500 NORTH WESTSHORE BLVD. 405
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	PD
NAME	BIERLEY, JOHN C
STREET ADDRESS	100 NORTH TAMPA STREET, 2120
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DV
NAME	GARY, JOHN H III
STREET ADDRESS	4228 ARBORWOOD LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DT
NAME	KRUSEN, WILLIAM A JR.
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY 112
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DC
NAME	THAYER, BRONSON A
STREET ADDRESS	401 EAST JACKSON ST 2310
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 thereof, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/08 813 8643000

Daytime Phone #