


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000056521

1. Entity Name
AAA SPRAYAWAY OF TAMPA BAY, INC.



Principal Place of Business 20500 COT RD 428 LUTZ, FL 33558 US	Mailing Address 20500 COT RD 428 LUTZ, FL 33558 US
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3319228	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

SHUPARD, SHARON A
 20500 COT ROAD
 #428
 LUTZ, FL 33558

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: *Sharon A. Shepard* (NOTE: Registered Agent signature required when reinstating) DATE: 04-17-2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P SHUPARD, SHARON A 20500 COT ROAD #428 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHUPARD, EDGAR R 20500 COT ROAD #428 LUTZ, FL 33558
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 05/06/08-80035-013 150.00

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 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: *Sharon A. Shepard* DATE: 04-17-2008 813-944-7007