

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 037 ***150.00

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03272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3463753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P97000064456

1. Entity Name
TAMCO CAPITAL CORPORATION



Principal Place of Business

311 PARK PL BLVD
#100
CLEARWATER, FL 33759

Mailing Address

311 PARK PL BLVD
#100
CLEARWATER, FL 33759

2. Principal Place of Business

4830 West Kennedy Blvd
Suite, Apt. #, etc.
Ste 650

3. Mailing Address

4830 W Kennedy Blvd
Suite, Apt. #, etc.
Ste 650

City & State

Tampa FL

City & State

Tampa FL

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W
400 NORTH TAMPA STREET
SUITE 2300
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Goodwin, James W
Street Address (P.O. Box Number is Not Acceptable): 201 North Franklin Street
Ste 2000
City: Tampa FL Zip Code: 33602

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 James W Goodwin

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: THOMPSON, JACK ☐ Delete
STREET ADDRESS: 311 PARK PL BLVD #100
CITY-ST-ZIP: CLEARWATER, FL 33759

TITLE: VP
NAME: PRIVITERA, JOSEPH M ☐ Delete
STREET ADDRESS: 311 PARK PL BLVD #100
CITY-ST-ZIP: CLEARWATER, FL 33759

TITLE: CFO
NAME: FRANKEL, TODD C ☐ Delete
STREET ADDRESS: 311 PARK PLACE BLVD #100
CITY-ST-ZIP: CLEARWATER, FL 33759

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CEO ☒ Change ☒ Addition
NAME: Thompson, Jack
STREET ADDRESS: 4830 W. Kennedy Blvd #650
CITY-ST-ZIP: Tampa FL 33609

TITLE: VP ☒ Change ☐ Addition
NAME: Privitera, Joseph M
STREET ADDRESS: 4830 W. Kennedy Blvd #650
CITY-ST-ZIP: Tampa FL 33609

TITLE: CFO ☒ Change ☐ Addition
NAME: Frankel, Todd C
STREET ADDRESS: 4830 W. Kennedy Blvd #650
CITY-ST-ZIP: Tampa FL 33609

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06 813 4721600