

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

DOCUMENT # P98000001954

1. Entity Name
TAMPA BICYCLING TEAM, INC.



04 FEB 20 PM 5:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**3917 EDEN ROC CIR E.
TAMPA, FL 33623**

Mailing Address
**P O BOX 26876
TAMPA, FL 33623**



01102004 No Chg-P CR2E034 (10/03) **04**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3496609

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fec Required**

6. Name and Address of Current Registered Agent

**KAST, ELLEN
3917 EDEN ROC CIRCLE EAST
TAMPA, FL 33634**

**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

**900029322769
02/24/04--01060--012 **150.00**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**D
SHOOK, WILLIAM B
3917 EDEN ROC CIRCLE EAST
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

By: Ellen Kast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEN KAST, Registered Agent

2/15/04

Date

813-885-2473

Daytime Phone #

BB