


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000063880		
1. Entity Name TAMPA BAY RESORTS CORPORATION		
Principal Place of Business 1009 CLEVELAND STREET TAMPA, FL 33606	Mailing Address 1009 CLEVELAND STREET TAMPA, FL 33606	



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3521901	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

**DO NOT WRITE
IN THIS SPACE**

**TIPNIS, VICTOR C
1009 CLEVELAND STREET
TAMPA, FL 33606**

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, 2005 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 TIPNIS, VICTOR C 1009 CLEVELAND STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, DHIRU Z 10743 INSPIRATION CIRCLE DUBLIN, CA 94568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOHIL, KISHORSINH B 773 POWDER HORN ROW LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, PRAKASH V 8297 LOMA VISTA RD VENTURA, CA 93004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, DEEPAK V 10375 GARDEN GROVE AVE. NORTHRIDGE, CA 91326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, CHHOTU 1009 CLEVELAND STREET TAMPA, FL 33606

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03/28/05-80012-010 150.00

**DO NOT WRITE
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)(f), 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: *Dhiru Z Patel*

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DHIRU Z PATEL 925-479-0095

Date

Daytime Phone #