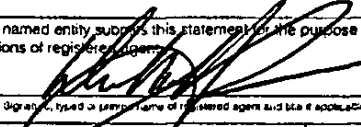
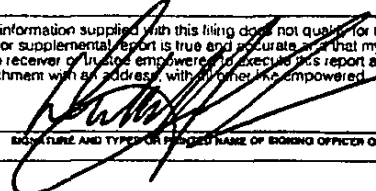


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-30-2005 90043 022 ***150.00

DOCUMENT # P98000076543			
1. Entity Name CONTINENTAL HOLDINGS OF TAMPA, INC.			
Principal Place of Business 3124 FLAGLER AVE KEY WEST, FL 33040		Mailing Address 3085 BRIDGEPOINT RD SOUTHSIDE, AL 35907 US	
2. Principal Place of Business 3085 Bridgepoint Rd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Southside, AL		City & State	
Zip 35907	Country USA	Zip	Country
4. FEI Number 59-3538610		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARR, JAMES 1502 W. FLETCHER AVE., STE 101 TAMPA, FL 33612		7. Name and Address of New Registered Agent Name DENNIS M. HARKER Street Address (P.O. Box Number is Not Acceptable) 6808 E. FOWLER AVE City Tampa State FL Zip 33617	
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 		DATE 3-28-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D HARKER, DENNIS 3085 BRIDGEPOINT RD. GADSDEN, AL 35907	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 an officer who is empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	