## 2007 FOR PROFIT CORPORATION-ANNUAL REPORT

## DOCUMENT # P98000076543

1. Entity Name

CONTINENTAL HOLDINGS OF TAMPA, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

3085 BRIDGEPOINT ROAD SOUTHSIDE, AL 35907

Mailing Address

3085 BRIDGEPOINT RD SOUTHSIDE, AL 35907

US



DO 1401 VIIII	DO	NOT	WRITE	IN	THIS	SPA	CE
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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARKER, DENNIS M. 6808 E. FOWLER AVE. TAMPA, FL 33617

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	analianhla (MATT: Degistared &	neot signetur	e required when reinstating)	DATE
	Signature, typed or printed hame or registered again and use it	applicable. (NOTE: negistated A	Seut this series	e reduied wier remembly	T
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKER, DENNIS 3085 BRIDGEPOINT RD. GADSDEN, AL 35907	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000670361 03/27/07-80108-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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 Jeport 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 of 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:

ADME AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

<u>256-312-3262</u>