



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000088453</b> 1. Entity Name <b>STP REDEVELOPMENT, INC.</b>				<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>05 APR 29 PM 5:35</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>		Mailing Address <b>P.O. BOX 41847</b> <b>ST. PETERSBURG, FL 33743-1847</b>			
<div style="font-size: 2em; font-family: cursive;">BK</div>					
<b>DO NOT WRITE IN THIS SPACE</b>				04092005    No Chg-P    CR2E034 (10/03)	
				4. FEI Number <b>65-0871719</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHER, CRAIG H</b> <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<div style="font-size: 1.5em;">400054752114</div> <div style="font-size: 0.8em;">05/19/05--01004--011 **158.75</div> <div style="font-size: 1.5em; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>			
NAME	BULLARD, FRED B JR				
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY-ST-ZIP	ST. PETERSBURG, FL 33707				
TITLE	DT				
NAME	MCNEEL, VAN L				
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY-ST-ZIP	ST. PETERSBURG, FL 33707				
TITLE	VD				
NAME	SHER, CRAIG H				
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY-ST-ZIP	ST. PETERSBURG, FL 33707				
TITLE	DS				
NAME	SEMBLER, GREGORY S				
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY-ST-ZIP	ST. PETERSBURG, FL 33707				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>4/19/05</b>    <b>727-384-6000</b>  <small>Date    Daytime Phone #</small> </div>			

CRAIG SHER, VICE-PRESIDENT