

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90074 026 \*\*\*150.00

**DOCUMENT # V18889**

1. Entity Name  
NPC OF TAMPA, INC.



Principal Place of Business  
5210 S. LOIS  
TAMPA, FL 33611 US

Mailing Address  
5210 S. LOIS  
TAMPA, FL 33611 US

40024697



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3118414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEVLIN, JOHN L  
5210 S. LOIS AVE  
TAMPA, FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

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 P ☐ Delete  
NAME TEVLIN, JOHN L JR.  
STREET ADDRESS 5210 S. LOIS AVE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME TEVLIN, CHERYL L.  
STREET ADDRESS 11874 WALKER AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☒ Change ☐ Addition  
NAME Cheryl L. Earl  
STREET ADDRESS 11874 Walker Ave.  
CITY-ST-ZIP Seminole, FL 33772

TITLE T ☐ Delete  
NAME TEVLIN, JENNIFER  
STREET ADDRESS 11646 GROVE ST  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☒ Change ☐ Addition  
NAME Jennifer Dal Sasso  
STREET ADDRESS 11646 Grove St.  
CITY-ST-ZIP Seminole, FL 33772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 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:

*Jennifer Dal Sasso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 727-399-9608

Date

Daytime Phone #