

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 035 ***150.00

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1. Entity Name
6TH AVENUE 3-B, INC.

Principal Place of Business
5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619

Mailing Address
5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619

60023110



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3688262

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

REED, JAMES M
5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619

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, 2008 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 DS Delete
NAME KEARNEY, BRYAN G
STREET ADDRESS 5115 JOANNE KEARNEY BLVD
CITY-ST-ZIP TAMPA, FL 33619

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT Delete
NAME KEARNEY, BARRY L
STREET ADDRESS 5115 JOANNE KEARNRY BLVD
CITY-ST-ZIP TAMPA, FL 33619

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP Delete
NAME KEARNEY, BING CHARLES W JR
STREET ADDRESS 5115 JOANNE KEARNEY BLVD
CITY-ST-ZIP TAMPA, FL 33619

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

(813) 435-7777

Date

Daytime Phone #