

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130721

Entity Name: TAB OF TAMPA, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

17707 CRYSTAL COVE PLACE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

PO BOX 2079
LUTZ, FL 335482079

New Mailing Address:

FEI Number: 32-0046725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, TAMARA
17707 CRYSTAL COVE PLACE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MALONE, TAMARA
Address: 17707 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MALONE, KIRK E
Address: 17707 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK E. MALONE

VP

01/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date