

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90483 036 ****61.25




DOCUMENT # N03000006772

1. Entity Name
RAGE FAST-PITCH SOFTBALL, INC.

Principal Place of Business 12340 BLASINGIM RD. FT. MYERS, FL 33912	Mailing Address 12340 BLASINGIM RD. FT. MYERS, FL 33912
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2. Principal Place of Business 1207 SW 19th Lane	3. Mailing Address 1207 SW 19th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33991	Country USA



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 13-4260926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MINER, BOBBIE S
1207 SW 19TH LANE
CAPE CORAL, FL 33991**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete	NAME MINER, JEFFREY
STREET ADDRESS		1207 SW 19TH LANE
CITY-ST-ZIP		CAPE CORAL, FL 33991
TITLE	D <input type="checkbox"/> Delete	NAME PETTERSON, SCOTT
STREET ADDRESS		5611 BURNHAM CT.
CITY-ST-ZIP		NORTH FORT MYERS, FL 33903
TITLE	D <input checked="" type="checkbox"/> Delete	NAME HAYRE, CLAYTON
STREET ADDRESS		4201 ORANGE GROVE BLVD
CITY-ST-ZIP		NORTH FORT MYERS, FL 33903
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		Peterson, Scott	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		5611 Burnham Ct. N. Ft. Myers, FL 33903		
TITLE		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 617, 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: _____ **4/18/05** **800-962-3314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #