


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N34661
 1. Entity Name
FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.



Principal Place of Business % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE, FL 32904 US	Mailing Address % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE, FL 32904 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2306520	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEPLNSKI, JOHN E
 3550 BOBWHITE CT
 MELBOURNE, FL 32904**

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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: *John E Peplnski* (NOTE: Registered Agent signature required when reinstating) DATE: **1-7-08**

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILPERTSHAUSER, ROBERT 340 MERIDIAN RUN DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECKARD, RONALD 7302 BROOKVIEW CIR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOLLARD, VERDELL 123 SAINT MARTINS WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEPLNSKI, JOHN 3550 BOBWHITE CT. W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBB, MARVIN E 4540 OSCEOLA RD TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000777334
 01/10/08-80003-019 70.00

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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 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: *John E Peplnski* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **1-7-08** DAYTIME PHONE #: **321-225-0171**