


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49630**  
 1. Entity Name  
**SJC BOXING CLUB, INC.**



Principal Place of Business      Mailing Address  
**1336 MIRACLE LANE**      **1336 MIRACLE LANE**  
**FT. MYERS, FL 33901 US**      **FT. MYERS, FL 33901 US**

**DO NOT WRITE IN THIS SPACE**



04112004 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
**65-0373379**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CANTON, STEVEN J.**  
**1336 MIRACLE LANE**  
**FT. MYERS, FL 33901**

**DO NOT WRITE IN THIS SPACE**

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, 2004**

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	PDT CANTON, STEVEN J. 1336 MIRACLE LANE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CANTON, MARY LYNN 1336 MIRACLE LN FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINBORN, LARRY M 6516 CONVERSE AVE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, MICHAEL G 6627 TROPICANA DRIVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARCA, JOHN 1232 GREEN OAK TRAIL PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000152755  
 05/04/04-80099-008 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: STEVEN J CANTON      9/30/04      229-275-5275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #