



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90195 020 \*\*\*\*61.25

<b>DOCUMENT # N93000001523</b> 1. Entity Name <b>TOWN AND COUNTRY COMPETITIVE SOCCER, INC.</b>					
Principal Place of Business <b>3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624</b>			Mailing Address <b>3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>60001757</b> 	
City & State		City & State		4. FEI Number <b>59-3178950</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLATTNER, ED 3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VAN STEENBERGEN, PAUL</b> <b>16208 MARSHFIELD DR.</b> <b>TAMPA, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SONIA MONTES</b> <b>12709 DUNHILL DR</b> <b>TAMPA FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LOMBARDI, MICHAEL</b> <b>13149 ROYAL GEORGE AVENUE</b> <b>ODESSA, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVID DUDASH</b> <b>7417 OAKVISTA CIRCLE</b> <b>TAMPA FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DONALSON, KATHY</b> <b>12901 FARMINGHAM CT.</b> <b>TAMPA, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GEORGE THARIN JR</b> <b>8314 PALMA VISTA LN</b> <b>TAMPA FL 33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HALEY, VALERIE</b> <b>9825 BAY ISLAND DR.</b> <b>TAMPA, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Paul Van Steenberg</i> <b>PAUL VAN STEENBERGEN</b> 1/9/07 813-27-3759 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					