

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002392

FILED  
May 01, 2006  
Secretary of State

Entity Name: ALL SPORTS COMMUNITY SERVICE, INC.

**Current Principal Place of Business:**

4511 NORTH HIMES AVENUE  
SUITE 195  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 271506  
TAMPA, FL 33688 US

**New Mailing Address:**

FEI Number: 59-3184150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEYS, TYRONE P  
4144 NORTH ARMENIA AVENUE  
SUITE 195  
TAMPA, FL 33614 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

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: KEYS, TYRONE  
Address: 4144 NORTH ARMENIA AVENUE SUITE 195  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: BUBLEY, MARTIN A  
Address: 3820 NORTHDALE BLVD.,STE. 312-B  
City-St-Zip: TAMPA, FL 33624

Title: DP ( ) Delete  
Name: BUBLEY, DANIEL B  
Address: 3820 NORTHDALE BLVD.,STE. 312-B  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: MOORE, CARNELL  
Address: ONE TAMPA CITY CENTER  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: TURNER, SUSAN DR  
Address: 702 S. FIELDING  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: ULM, SCOTT  
Address: 2966 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33622

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYRONE P KEYS

D

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date