

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2005
Secretary of State**

DOCUMENT# N94000000203

Entity Name: R.L. TURNER BASEBALL, INC.

Current Principal Place of Business:

2526 ROLLINS AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 15391
PANAMA CITY, FL 32406 US

New Mailing Address:

FEI Number: 59-3217806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREXOR, CURTIS
1506 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444 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: PD () Delete
Name: BARR, MIKE
Address: 2526 ROLLINS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete
Name: BRUENING, SHERRY
Address: 415 BECKRICH RD. STE 100
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VD () Delete
Name: TUCKER, CHUCK
Address: 2526 ROLLINS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: BAUER, JILL
Address: 2526 ROLLINS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete
Name: CUDE, HEIDI
Address: 638 BEACHCOMBER DR
City-St-Zip: LYNN HAVEN, FL 32444

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE BARR

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date