2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 13, 2004 8:00 am
Secretary of State
08-16-2004 90012 012 ***150.00

08092004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000135448

1. Entity Name
DDA SPORTS CONSULTING, INC.

Principal Place of Business	Mailing Address
1025 S.E. 6TH CT. DANIA BEACH, FL 33004	1025 S.E. 6TH CT. DANIA BEACH, FL 33004

2. Principal Place of Business	3. Mailing Address
1802 BLUE HERON LN	1802 BLUE HERON LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 Country:	Zip: 32250 Country: --

4. FEI Number: 47-0907626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, DONNIS D 1025 6TH CT. DANIA BEACH, FL 33004	Name: ALLEN, DONNIS D. Street Address (P.O. Box Number is Not Acceptable): 1802 BLUE HERON LN City: JACKSONVILLE BEACH FL Zip Code: 32250

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 [signature] DONNIS D. ALLEN 8/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dede Allen 1802 Blue Heron Lane JACKSONVILLE BEACH FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: [signature] DONNIS D. ALLEN 8/10/04 904-254-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #