


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**APR 29, 2004 08:00 AM**  
 Secretary of State  
*Div call PO Ref 6178 Todd 3231*

**DOCUMENT # P96000039553**

1. Entity Name  
**RUNNING SPORTS, INC.**



Principal Place of Business 813 DONALD ROSS RD JUNO BEACH, FL 33408 US	Mailing Address 813 DONALD ROSS RD JUNO BEACH, FL 33408 US
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0672409	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FETSCH, VINCENT T JR  
 822 OCEAN DUNES CIRCLE  
 JUPITER, FL 33477

**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: *[Signature]* DATE: *4-23-04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	D FETSCH, VINCENT T JR 825 OCEAN DUNES CIR. JUPITER, FL 33477
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000000139713  
 04/29/04-80132-015 150.00

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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]* DATE: *4-23-04* Daytime Phone #: *561 694 8225*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR