

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90252 007 \*\*\*158.75

<b>DOCUMENT # P04000099241</b> 1. Entity Name <b>NATIONAL SPORTSWEAR INC.</b>			
Principal Place of Business <b>2172 PLATINUM RD #1</b> <b>APOPKA, FL 32703</b>		Mailing Address <b>2172 PLATINUM RD #1</b> <b>APOPKA, FL 32703</b>	
2. Principal Place of Business <b>2172 Platinum Road</b> Suite, Apt. #, etc. <b># J</b>		3. Mailing Address <b>522 Hunt Club Blvd.</b> Suite, Apt. #, etc. <b># 258</b>	
City & State <b>Apopka, FL</b> Zip <b>32703</b>		City & State <b>Apopka, FL</b> Zip <b>32703</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>04-3531241</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMITH, CHRISTINE</b> <b>494 S HUNT CLUB BLVD</b> <b>APOPKA, FL 32703</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>BENEDICT, DUNCAN J</b> <b>252 NEEDLES TR</b> <b>LONGWOOD, FL 32779</b> <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	V <b>BENEDICT, SHULING F</b> <b>252 NEEDLES TR</b> <b>LONGWOOD, FL 32779</b> <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
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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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Shuling F. Benedict</b> 4.18.2005 407-880-3686 <small>Date Daytime Phone #</small>	

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