

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000045

Entity Name: LADY COMETS, INC.**Current Principal Place of Business:**4065 8TH PLACE, S.W.
VERO BEACH, FL 32968**Current Mailing Address:**P.O. BOX 650058
VERO BEACH, FL 32965 US**FEI Number:** 20-3996141**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHAW, BENNIE LDR.
4065 8TH PLACE SW
VERO BEACH, FL 32968 US*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**Officer/Director Detail :**

Title	P
Name	SHAW, BENNIE LDR.
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	VP
Name	HIEGEL, LARRY MR.
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	T
Name	MINIX, KATHY MS.
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	S
Name	FERGUSON, JAMIE
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	SA
Name	DAVIS, BOBBY
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	CHAI
Name	MINIX, SEAN
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	CFO
Name	SHAW, DEBRA
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

Title	BASKETBALL OPERATION
Name	WRIGHT, SHANE
Address	P.O. BOX 650058
City-State-Zip:	VERO BEACH FL 32965

I hereby 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 all other like empowered.

SIGNATURE: DR. BENNIE L. SHAW**OWNER/PRESIDENT****04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date