

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 341947

1. Entity Name
BALL & SHOE SPORTS CENTER, INC.



FILED

04 OCT -7 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1278185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUTH, DAVID F
5412 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
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

TITLE	STD	<input type="checkbox"/> Delete
NAME	FREEMAN, THELMA S	
STREET ADDRESS	359 BAILEY ROAD	
CITY-ST-ZIP	VENICE, FL 00000,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, JOHN A	
STREET ADDRESS	359 BAILEY ROAD	
CITY-ST-ZIP	VENICE, FL 00000,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUTH, DAVID F.	
STREET ADDRESS	5412 BENEVA WOODS CIR	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200041666982
10/07/04--01021--005 **150.00

10/10/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-404