

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377129

FILED  
Jan 10, 2011  
Secretary of State

Entity Name: WAM BASEBALL CAMPS, INC.

**Current Principal Place of Business:**

2502 DOUBLE EAGLE COURT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

2502 DOUBLE EAGLE COURT  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-1315110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, CAROL  
2502 DOUBLE EAGLE COURT  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MARTIN, MICHAEL  
Address: 2502 DOUBLE EAGLE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD  
Name: MARTIN, CAROL  
Address: 2502 DOUBLE EAGLE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V  
Name: MARTIN, MIKE JR  
Address: 2502 DOUBLE EAGLE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: CEO  
Name: BAKER, CHARLES (CHIP)  
Address: 2502 DOUBLE EAGLE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: AS  
Name: BENTON, CATHY  
Address: 2502 DOUBLE EAGLE CT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DI  
Name: SHOUPPE, JAMEY  
Address: 2502 DOUBLE EAGLE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL MARTIN

SEC

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date