


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 447130
 1. Entity Name
ATHLETIC VENTURES OF FLORIDA, INC.



Principal Place of Business 1939 HENDRICKS AVE JACKSONVILLE, FL 32207	Mailing Address 1939 HENDRICKS AVE JACKSONVILLE, FL 32207
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01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0859874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DESKIN, CHARLES H.
 1939 HENDRICKS AVENUE
 JACKSONVILLE, FL 32207**

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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 _____ DATE _____
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, 2006 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	S DIEMER, JOAN 1521 BRIANWOOD RD. DECATUR, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JACK P.O. BOX 1288,NA JACKSON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESKIN, CHARLES 1939 HENDRICKS AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles H. Deskin* **2-16-06** **904.398-7957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #