


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90369 008 \*\*\*158.75

<b>DOCUMENT # 447130</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>61-0859874</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DESKIN, CHARLES H. 1939 HENDRICKS AVENUE JACKSONVILLE, FL 32207			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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIEMER, JOAN		NAME		
STREET ADDRESS	1521 BRIANWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	DECATUR, GA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, JACK		NAME		
STREET ADDRESS	P.O. BOX 1288,NA		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, NJ		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESKIN, CHARLES		NAME		
STREET ADDRESS	1939 HENDRICKS AVE.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Charles H. Deskin</i>			3-7-07 904-398-7451		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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