

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627037

FILED
Apr 12, 2006
Secretary of State

Entity Name: DOYLE BASEBALL, INC.

Current Principal Place of Business:

38251 US HWY 27
SUITE 7
DAVENPORT, FL 33837 US

New Principal Place of Business:

2994 PLANTATION ROAD
WINTER HAVEN, FL 33884 US

Current Mailing Address:

P.O. BOX 9156
WINTER HAVEN, FL 33883 US

New Mailing Address:

FEI Number: 59-1882786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, DENNIS
2994 PLANTATION RD.
WINTER HAVEN, FL 33884 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BASS, NANCY L
Address: 1019 SUNSHINE WAY
City-St-Zip: WINTER HAVEN, FL 33880

Title: DP () Delete
Name: DOYLE, DENNIS
Address: 2994 PLANTATION RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: DOYLE, MARTHA
Address: 2994 PLANTATION RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: DOYLE, BLAKE
Address: 320 GREENFIELD RD, SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY L. BASS

ST

04/12/2006

Electronic Signature of Signing Officer or Director

Date