## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 627037** 

DOYLE, BLAKE

320 GREENFIELD RD, SE

WINTER HAVEN, FL 33884

Name:

Address:

City-St-Zip:

Entity Name: DOYLE BASEBALL, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ITATION ROAD IAVEN, FL 3388	4 US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX S WINTER H	9156 JAVEN, FL 3388	3 US			
FEI Number:	59-1882786	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cui	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
WINTER H	ITATION RD. IAVEN, FL 3388		ourpose of changing its registere	d office or registered agent, or both,	
	of Florida.		purpose of changing he registers	a cinica di regioterea agent, di botti,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ST () Do BASS, NANCY L 1019 SUNSHINE V WINTER HAVEN, I	WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP () DO DOYLE, DENNIS 2994 PLANTATION WINTER HAVEN, I	N RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () DO DOYLE, MARTHA 2994 PLANTATION WINTER HAVEN, I	N RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VPD ()De	elete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY L BASS ST 03/19/2009