2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 31, 2004 8:00 am Secretary of State **DOCUMENT # 701550** 08-31-2004 90001 010 ****61.25 CLEÁRWATER TOUCHDOWN CLUB, INC. Principal Place of Business Mailing Address 1173 NE CLEVELAND STREET P Q BOX 68 CLEARWATER, FL. 33757 CLEARWATER, FL 33755 US US 07082004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2696467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGUIRE, JOHN DO NOT WRITE 1173 NE CLEVELAND CLEARWATER, FL 33755 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME VEGA, RICK STREET ADDRESS 1173 NE CLEVELAND CITY-ST-ZIP CLEARWATER, FL 33755 TITLE MCGUIRE, JOHN STREET ADDRESS 1173 NE CLEVELAND CITY-ST-ZIP CLEARWATER, FL 33755 NAME CALHOUN, CHIP STREET ADDRESS 1008 S EVERGREEN AVE DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL 33756 A ITIT IN THIS SPACE NAME FEELEY. JEFF STREET ADDRESS 1 TAMPA CITY CENTER SUITE 1900 CITY-ST-ZIP TAMPA, FL 33602 D John Smitter NAME 1173 NE Cleveland STREET ADDRESS Clearwater FL 33756 CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED