


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 712595 1. Entity Name GASPARILLA BOWMEN, INC.	
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Principal Place of Business 17302 N. DALE MABRY HWY LUTZ, FL 33549 US	Mailing Address PO BOX 1181 LAND O LAKES, FL 34634 US
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALFONSO, THOMAS M 9401 N. ROME CIRCLE TAMPA, FL 33612

**DO NOT WRITE
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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P ALFONSO, THOMAS A 9401 N ROME CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, SAM 1125 EVENING TRAIL DRIVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALASKI, WILLIAM 23224 BELINDA DR LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BARRY 23224 BELINDA DRIVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALASKI, KAREN G PO BOX 1181 LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFONSO, SHERRY 9401 W ROME CIR TAMPA, FL 33612

UP00000216200
02/05/05-80037-023 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 813 935-8179
Date Daytime Phone