2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90289 037 ****70 00

| DOCUMEN I # 716207 1. Entity Name CITRUS PARK LITTLE LEAGUE, INC. | | | | | | | | | 04-18-20 | 105 90289 | . 037 | 70.00 | |
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| 7506 GUNN HIGHWAY P. C | | | P. O. B | lailing Address P. O. BOX 341574 PAMPA, FL 33694-0067 US | | | | | | | | | |
| Principal Place of Business 3. | | | 3. Mailin | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 04012005 | Chg-NP | CR2EC | 037 (10/03) |) | |
| City & State | | | City & State | | | | 4. FEI Numb 52-128 | | | - | Applied For | | |
| Zip | Zip Country | | Zip | Zip Co | | untry | 5. Certificate of Status Desired XX \$8.75 Addition Fee Required | | | dditional | | | |
| 6. Name and Address of Current Registered A | | | | Agent | - | | 1 | 7. Name and | Address of Nev | w Registered | Agent | | |
| CIVEL TON DATINGUE | | | | | Name | | | • | - | | | | |
| SKELTON, PATRICK W 100 N. TAMPA STREET, STE 4100 TAMPA, FL 33602 | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 1AMPA, FL 33602 | | | | | City | | | | | Zip Co | xde | | |
| | | | | | <u> </u> | | | | FI | | | | |
| | 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 E Added to Fees | | Make chec lorida Depa | | State 🍜 | |
| 10. | _ | | RECTORS | | | tion. | Δ | Added to Fees | | lorida Depa | rtment of | State 🗓 | |
| TITLE | PD PD | OFFICERS AND DIF | RECTORS | | Contribut | tion. | PD | Added to Fees | ANGES TO OFFI | lorida Depa | rtment of | State IN 10 | |
| TITLE NAME | PD HUBBELL | OFFICERS AND DIF | RECTORS | Trust Fund (| 11. TITL | E ME | PD Hut | Added to Fees ADDITIONS/CH | ANGES TO OFFI | lorida Depa | IRECTORS | State IN 10 | |
| TITLE NAME STREET ADDRESS | PD HUBBELL 3425 VAL | OFFICERS AND DIF ., DAVID LEY RANCH DR | RECTORS | Trust Fund (| 11. TITL NAM STRI | E ME EET ADDRESS | PD Hub | Added to Fees ADDITIONS/CH Obell, D 20 Winha | ANGES TO OFFI avid wk Way | lorida Depa | IRECTORS | State IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUBBELL 3425 VAL LUTZ, FL | OFFICERS AND DIF ., DAVID LEY RANCH DR | RECTORS | Trust Fund (| 11. TITE NAM STRI CITY | E ME EET ADORESS '-ST-ZIP | PD Hub 532 Lut | Added to Fees ADDITIONS/CH | ANGES TO OFFI avid wk Way | lorida Depa | PIRECTORS Change | State | |
| TITLE NAME STREET ADDRESS | PD HUBBELL 3425 VAL LUTZ, FL SD | OFFICERS AND DIF ., DAVID LEY RANCH DR. 33549 | RECTORS | Trust Fund (| 11. TITE NAM STRIC | E AE EET ADDRESS : '-ST-ZIP E | PD Hub 532 Lut | Added to Fees ADDITIONS/CH Dbell, D 20 Winha 5z, FL 3 | ANGES TO OFFI avid wk Way 3558 | lorida Depa | IRECTORS | State | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD HUBBELL 3425 VAL LUTZ, FL SD WILT, DIA | OFFICERS AND DIF ., DAVID LEY RANCH DR. 33549 | RECTORS | Trust Fund (| 11. TITE NAW STRI CITY TITE NAW | E AE EET ADDRESS : '-ST-ZIP E | PD Hub 532 Lut SD Hub | Added to Fees ADDITIONS/CH Dbell, D 20 Winha Ez, FL 3 | ANGES TO OFFI avid wk Way 3558 risti | lorida Depa | PIRECTORS Change | State | |
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12. I nereby certify that the information supplied with this filling does not quality 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:

Transmer Akelton Joanne M. Sk SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/14/05

813-287-1113