2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# 731689

Entity Name: TOWN & COUNTRY PONY BASEBALL, INC.

Current Principal Place of Business:

7301 BASEBALL AVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

PO BOX 260626
TAMPA, FL 33685

New Mailing Address:

FEI Number: 06-1849003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVES, LAURA S WVPT
7301 BASEBALL AVE
PO BOX 260626
TAMPA, FL 33685 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HAHN, JOE
Address: 7301 BASEBALL AVE
City-St-Zip: TAMPA, FL 33634

Title: WVPT ( ) Delete
Name: SHIVES, LAURA
Address: 7301 BASEBALL AVE
City-St-Zip: TAMPA, FL 33634

Title: SVPT ( ) Delete
Name: RUSSELL, BRYAN
Address: 7301 BASEBALL AVE
City-St-Zip: TAMPA, FL 33634

Title: FMD ( ) Delete
Name: PANTELIODIS, LISA
Address: 7301 BASEBALL AVE
City-St-Zip: TAMPA, FL 33634

Title: FMD ( ) Delete
Name: BUSSEY, GEORGE
Address: 1301 BASEBALL AVE
City-St-Zip: TAMPA, FL 33634

Title: ED ( ) Delete
Name: ODELL, WAYNE
Address: 7301 BASEBALL AVENUE
City-St-Zip: TAMPA, FL 33634

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:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA PANTELIODIS   FMD   04/15/2005

Electronic Signature of Signing Officer or Director   Date