
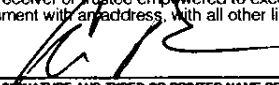


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90246 011 \*\*\*\*61.25

<b>DOCUMENT # 752671</b> 1. Entity Name <b>GAINESVILLE SUZUKI PLAYERS, INC.</b>					
Principal Place of Business <b>GAINESVILLE SUZUKI PLAYERS</b> <b>3415 NW 10TH AVE</b> <b>GAINESVILLE, FL 32605 US</b>			Mailing Address <b>GAINESVILLE SUZUKI PLAYERS</b> <b>3415 NW 10TH AVE</b> <b>GAINESVILLE, FL 32605 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2088069</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KITTS, SONNHILD F.</b> <b>3415 N.W. 10TH AVE.</b> <b>GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GOLDBERG, JEFFERY</b> <b>16114 NW 32ND AVE</b> <b>NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>DERRICO, DAVID</b> <b>3716 NW 7TH AVE</b> <b>GAINESVILLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RUDIN, ALICIA</b> <b>3240 NW 27TH TERRACE</b> <b>GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GABRIEL, ERIK</b> <b>10309 SW 41ST PL</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <b>4/30/05</b> Daytime Phone #: <b>352-381-8613</b>	