


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

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 752849 1. Entity Name SPORTS IN FLORIDA, INC.	
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Principal Place of Business 1330 NW 6TH STREET SUITE C GAINESVILLE, FL 32601 US	Mailing Address 1330 NW 6TH STREET SUITE C GAINESVILLE, FL 32601 US
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06302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARNES, JIMMY 1330 NW 6TH STREET SUITE C GAINESVILLE, FL 32601
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**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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOFNER, MARILYN 2711 WEST FAIRBANKS AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNKER, BILL 2911 164TH AVENUE NORTH CLEARWATER, FL 34620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, RUTH 412 SW 88TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYDE, DR. THOMAS 2240 NE 202ND STREET MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000372704
07/14/05-80003-011 61.25

**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: 	6/30/05	352-337-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #