2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 AN Secretary of State **DOCUMENT #753629** 1. Entity Name PALM HARBOR RECREATION LEAGUE, INC. Principal Place of Business Mailing Address 1500 16TH STREET 1500 16TH STREET PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 US 02132008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2429829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAGILIARDO, BENJAMIN J. DO NOT WRITE 660 SANDY HOOK RD. PALM HARBOR, FL 33563 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 little if applicable (NOTE Registered Agant signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TD TITLE NAME SMITH MICHAEL STREET ADDRESS 2197 BRENT PLACE CITY-ST-ZIP PALM HARBOR, FL D TITLE NAME DOWNES, JOHN STREET ADDRESS 803 SPARROW AVE. CITY-ST-7IP PALM HARBOR, FL TITLE PΠ NAME COPE, LARRY STREET ADDRESS 3067 JUD! LN DO NOT WRITE CITY-ST-ZIP PALM HARBOR, FL 34684 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 eath; that I am an officer or director of the corporation or the receive or trustee exprovement to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter of an attachment with an address, with all other manufactors.

SIGNATURE:

STREET ADDRESS
CITY: ST-ZiP

CHATURE AND TYPES OF PRINTED HADE OF EXCHING OFFICER ON PRECTOR

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