


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

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 853424</b> 1. Entity Name <b>THE ATHLETIC INSTITUTE, INC.</b>	
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Principal Place of Business <b>% JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>% JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408</b>
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-0753530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>RIDDLE, JOHN D. 200 CASTLEWOOD DR. N. PALM BCH, FL 33408</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KAZMAIER, RICHARD 676 ELM ST CONCORD, MA 01742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RIDDLE, JOHN D. 200 CASTLEWOOD DR N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROGGE, TOM 153 W WARREN GARDNER, KS 66030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMA, TONY 7855 HASKELL AVE, #200 VAN NUYS, CA 91406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HEGE, GREG 2500 SOUTH 25TH AVE BROADVIEW, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FURNISS, STEVE 15391 SPRINGDALE AVE HUNTINGTON BEACH, CA 92649

U000000191237  
01/24/05-80166-006 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 561-842-4100  
Date Daytime Phone #