

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000005806

1. Entity Name  
SPORTS JOURNEYS, INC.



Principal Place of Business  
2 WILDWOOD CT.  
HAMPTON, NY 11937

Mailing Address  
2 WILDWOOD CT.  
HAMPTON, NY 11937



02042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2076493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANDREWS, LESLIE  
37D COLONY LANE  
FT PIERCE, FL 34982

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000661566  
03/20/07-80046-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CPT
NAME	ANDREWS, LESLIE
STREET ADDRESS	2 WILDWOOD CT.
CITY-ST-ZIP	HAMPTON, NY 11937
TITLE	VCVP
NAME	WAX, ADRIENNE
STREET ADDRESS	2 WILDWOOD CT.
CITY-ST-ZIP	HAMPTON, NY 11937
TITLE	S
NAME	WAX, ADRIENNE
STREET ADDRESS	2 WILDWOOD CT.
CITY-ST-ZIP	HAMPTON, NY 11937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 607, 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

3/7/07

Date

9175898579

Daytime Phone #