

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90053 013 \*\*\*150.00

DOCUMENT # F03000000056

1. Entity Name

MAJOR LEAGUE ALUMNI MARKETING, INC.



Principal Place of Business

1631 MESA AVENUE, SUITE B  
COLORADO SPRINGS CO 80906

Mailing Address

5027 BACKLICK RD  
ANNADALE VA 22003



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 25-1604731

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORGUSON, CHRISTOPHER  
TROPICANA FIELD, ONE TROPICANA DR  
ST. PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SEAVER, TOM ☐ Delete  
STREET ADDRESS 1761 DIAMOND MOUNTAIN ROAD  
CITY- ST- ZIP CALISTOGA CA 74515

TITLE Assistant Secretary ☐ Change ☒ Addition  
NAME Samuel N. Moore  
STREET ADDRESS 5027 Backlick Road  
CITY- ST- ZIP Annandale, VA 22003

TITLE V  
NAME WINFIELD, DAVE ☐ Delete  
STREET ADDRESS 2235 STRATFORD CIRCLE  
CITY- ST- ZIP BEL AIR CA 90077

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ST  
NAME MOORE, SAMUEL N ☐ Delete  
STREET ADDRESS 5027 BACKLICK ROAD  
CITY- ST- ZIP ANNADALE VA 22003

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE C  
NAME CHANEY, DARRELL ☐ Delete  
STREET ADDRESS 289 SKYLAKE  
CITY- ST- ZIP SAUTEE NACOOCHIEE GA 30571

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VC  
NAME JENKINS, FERGIE ☐ Delete  
STREET ADDRESS ROUTE 1, BOX 1202  
CITY- ST- ZIP GUTHRIE OK 73044

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Samuel N. Moore*

Samuel N. Moore, Asst. Sec.

2/7/07

(703) 941-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Unit

Daytime Phone #