

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002735

1. Entity Name
BEYNON SPORTS SURFACES, INC.



Principal Place of Business
16 ALT ROAD
HUNT VALLEY, MD 21030

Mailing Address
1361 16 ALT ROAD
HUNT VALLEY, MD 21030



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0007270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature of president or principal officer of corporation or other person in control of corporation. Registered Agent signature required when re-instating.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TYPE	P
NAME	BEYNON, JOHN T
STREET ADDRESS	16 ALT ROAD
CITY, ST, ZIP	HUNT VALLEY, MD 20130
TYPE	V
NAME	PAUL, JOHN ROD
STREET ADDRESS	16 ALT ROAD
CITY, ST, ZIP	HUNT VALLEY, MD 21030
TYPE	S
NAME	GASPAROVIC, MIKE
STREET ADDRESS	16 ALT ROAD
CITY, ST, ZIP	HUNT VALLEY, MD 21030
TYPE	T
NAME	SPITZNAS, J. CHRIS
STREET ADDRESS	560 FELLOWSHIP ROAD, SUITE 306
CITY, ST, ZIP	MT LAUREL, NJ 08054
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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01/25/05-80079-002 150.00

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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)(c), 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:

Mike Gasparovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

DATE

DAYTIME PHONE #