


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 010 ***150.00

DOCUMENT # F03000006435 1. Entity Name HO SPORTS COMPANY, INC.					
Principal Place of Business 17622 NE 67TH CT REDMOND, WA 98052			Mailing Address 17622 NE 67TH CT REDMOND, WA 98296		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZALATEL, BRIAN C 495 RUSSELL RD MANSFIELD, OH 44903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN M GARDNER JR. 3423 260TH AVE NE REDMOND, WA 98053	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARCHER, DAVID M 15988 TREASURE COVE BULLARD, TX 75757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL O'BRIEN 17123 NE 5TH ST BELLEVUE, WA 98008	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARCHER, JOHN E 6020 WILTON HOUSE COURT NEW ALBANY, OH 43054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN A. CLARK 3136 LAMAR CT WILLARD, OH 44890	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'BRIEN, JOSEPH M 675 PRINCETON CT MANSFIELD, OH 44904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS E. MUTCHLER 1735 W WOODHILL DR ASHLAND, OH 44805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITE, BEVERLY S 2464 PAVONIA N RD MANSFIELD, OH 44903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ED O'BRIEN 244 LERACH TRAIL EDWARDS, CO 81632	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete ARCHER, ROBERT M 114 N COUNTRYSIDE DR ASHLAND, OH 44805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT M. ARCHER 114 N COUNTRYSIDE DR ASHLAND, OH 44805	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Brian M Gardner Jr</u> BRIAN M. GARDNER JR 2/25/05 (425) 885-3555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					