

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90026 032 \*\*\*150.00

**DOCUMENT # F06000001673**

1. Entity Name  
ESCALADE SPORTS PLAYGROUND, INC.



Principal Place of Business

2101 HARROD STREET  
RALEIGH, NC 27604

Mailing Address

817 MAXWELL AVE  
EVANSVILLE, IN 47711

40116353



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4373267

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
PLANTATION, FL 32301

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE C  
NAME GRIFFIN, ROBERT E  
STREET ADDRESS 817 MAXWELL AVE  
CITY-ST-ZIP EVANSVILLE, IN 47711

TITLE ~~REED, GW~~  
NAME ~~REED, GW~~  
STREET ADDRESS ~~817 MAXWELL AVE~~  
CITY-ST-ZIP ~~EVANSVILLE, IN 47711~~

TITLE D  
NAME MATTHEW, BLAINE E JR  
STREET ADDRESS 817 MAXWELL AVE  
CITY-ST-ZIP EVANSVILLE, IN 47711

TITLE P  
NAME ALLSHOUSE, JAMES  
STREET ADDRESS 817 MAXWELL AVE  
CITY-ST-ZIP EVANSVILLE, IN 47711

TITLE VPS  
NAME FRANDSEN, TERRY  
STREET ADDRESS 817 MAXWELL AVE  
CITY-ST-ZIP EVANSVILLE, IN 47711

TITLE T  
NAME WAWRIN, STEPHEN R  
STREET ADDRESS 817 MAXWELL AVE  
CITY-ST-ZIP EVANSVILLE, IN 47711

**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:**

*Stephen R Wawrin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07  
Date

812-467-4414  
Daytime Phone #