

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 021 ***150.00

DOCUMENT # G67620

1. Entity Name
SOUTHERN BASKETBALL PRODUCTS, INC.



Principal Place of Business Mailing Address
37306 SUNRISE TERR 3573 CAMBRIA CIR 37306 SUNRISE TERR 3573 CAMBRIA CIR
RR2 BOX 975 RR2 BOX 975
UMATILLA, FL 32784 THE VILLAGES, FL 32162 UMATILLA, FL 32784 THE VILLAGES, FL 32162

54018030

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2407746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTMAN, ROBERT L
HARTMAN HARTMAN & O'BRIEN, PA
537 N UMATILLA BLVD
UMATILLA, FL 32784

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OKERLIN, JOHN, II
STREET ADDRESS	37306 SUNRISE TERR 3573 CAMBRIA CIR
CITY-ST-ZIP	UMATILLA, FL THE VILLAGES, FL 32162
TITLE	VD
NAME	OKERLIN, CAROLE M
STREET ADDRESS	37306 SUNRISE TERR 3573 CAMBRIA CIR
CITY-ST-ZIP	UMATILLA, FL 32784 THE VILLAGES, FL 32162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #