FILED
Feb 10, 2005 8:00 am
Secretary of State
01-14-2005 90012 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G67620

1. Entity Name
SOUTHERN BASKETBALL PRODUCTS, INC.

Principal Place of Business
3573 CAMBRIA
THE VILLAGES, FL 32162

Mailing Address
3573 CAMBRIA
THE VILLAGES, FL 32162

66001602

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3573 Cambria Cir		3573 Cambria Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: The Villages Fl		City & State: The Villages Fl	
Zip: 32162	Country: USA	Zip: 32162	Country: USA

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

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 [signature] 1-11-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD OKERLIN, JOHN, II 3573 CAMBRIA CIR THE VILLAGES, FL 32162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OKERLIN, CAROLE M 3573 CAMBRIA CIR THE VILLAGES, FL 32162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: John Okerlin [signature] 1-11-05 352-751-5086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #