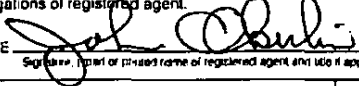
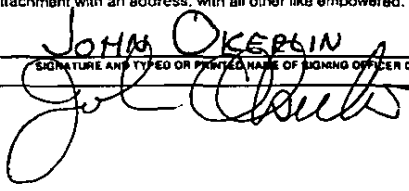


FILED
Feb 10, 2005 8:00 am
Secretary of State

01-14-2005 90012 044 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

1/

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	
2. Principal Place of Business 3573 CAMBRIA Cir		3. Mailing Address 3573 CAMBRIA Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THE VILLAGES FL		City & State THE VILLAGES FL	
Zip 32162		Zip 32162	
Country USA		Country USA	
4. FEI Number 59-2407746		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		S8.75 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	
B. 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  DATE 1-11-05 (NOTE: Registered Agent signature required when reinstating)			
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-STATE-ZIP	PD OKERLIN, JOHN, II 3573 CAMBRIA CIR THE VILLAGES, FL 32162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD OKERLIN, CAROLE M 3573 CAMBRIA CIR THE VILLAGES, FL 32162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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: 		Date 1-11-05 352-751-5086 Daytime Phone #	