

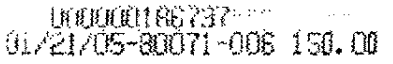


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # H48373			
1. Entity Name JOANNE GRAF SOFTBALL CAMPS, INC.			
Principal Place of Business % JOANNE GRAF 6007 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312	Mailing Address % JOANNE GRAF 6007 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312		
DO NOT WRITE IN THIS SPACE		01132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2520665	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAF, JOANNE 6007 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312		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 <u><i>Joanne Graf</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/20/05</u>			
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		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD GRAF, JOANNE 6007 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312			
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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: <u><i>Joanne Graf</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/20/05 850-644-2386 Date Daytime Phone #	