

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2520665 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRAF, JOANNE 6007 BOYNTON HOMESTEAD TALLAHASSEE FL 32312	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 GRAF, JOANNE 6007 BOYNTON HOMESTEAD TALLAHASSEE FL 32312	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	U00000604356 01/29/07-60050-014 150.00
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1st MOORE CR2E034 (10/06)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/07 850 644 2386