2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2004 08:00 AM **Secretary of State** DOCUMENT # H78005 1. Entity Name DON GUERCIO SPORT SALES, INC. Principal Place of Business Mailing Address **463 MEADOW LARK DRIVE** 463 MEADOW LARK DRIVE SARASOTA, FL 34236 SARASOTA, FL 34236 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FE! Number 16-1112015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGINNESS, W. LEE DO NOT WRITE 1800 SECOND STREET **STE 971** IN THIS SPACE SARASOTA, FL 34236 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, lyped or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees U00000020047 Ū17297Ū4−8ŬŪ49−Ū23 ISU.UU 10. OFFICERS AND DIRECTORS TITLE GUERCIO, DONALD C NAME STREET ADDRESS 463 MEADOW LARK DRIVE CITY-ST-ZIP SARASTOA, FL 34236 TITLE GUERCIO, SUZANNE M NAME STREET ADDRESS 463 MEADOW LARK DRIVE CITY-ST-ZIP SARASTOA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILF. IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS COY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED