## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 08:00 AM Secretary of State

941.371.2522

Daytime Phone #

	AITITOAL	KEFOKI				.0, 2000	00.00 1
1. Entity Nam	MENT # H78005 ERCIO SPORT SALES, INC.				Se	ecretary	of State
	e of Business N LARK DRIVE L 34236 US	Mailing Address 463 MEADOW LARK DRIVE SARASOTA, FL 34236 US					
D	O NOT WRITE	IN THIS SPA	CE	01042005 4. FEI Number 16-111	No Chg-P	CR2E034 (10/0	Applied For Not Applicable Additional
	6. Name and Address of Current Re	gistered Agent	J., -				
1800 SECO STE 971 SARASOT	SS, W. LEE OND STREET A, FL 34236	. <u>.</u> .	Total Total	IN T	NOT W	PACE	
the obligat	named entity submits this statement for tions of registered agent	he purpose of changing its register	red office or registe:	red agent, or bo	th, in the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable (NOTE Register	ed Agent signature requires	d when reinstating)		DATE	<del></del>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina		.00 May Be ded to Fees			
10.	OFFICERS AND D	IRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERCIO, DONALD C 463 MEADOW LARK DRIVE SARASTOA, FL 34236	· · ·			D0000 01/11/05	0177789 -80063-010	150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VST GUERCIO, SUZANNE M 463 MEADOW LARK DRIVE SARASTOA, FL 34236						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s					

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 impowered.

SIGNATURE AND TYPED OR PRINTED HAME OF STONING OFFICER OR DIRECTOR

SIGNATURE: