2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H78005

1. Entity Name
DON GUERCIO SPORT SALES, INC.



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

463 MEADOW LARK DRIVE SARASOTA, FL 34236 US 463 MEADOW LARK DRIVE SARASOTA, FL 34236 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For 16-1112015 | Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MCGINNESS, W. LEE 1800 SECOND STREET STE 971

DO NOT WRITE IN THIS SPACE

| STE 971 SARASOTA, FL 34236 | | | IN THIS SPACE | | |
|--|--|---|-------------------|--------------------------------|--|
| | named entity submits this statement for the plans of registered agent. | ourpose of changing its register | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and ac |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | il applicable. (NOTE, Registere | d Agent signature | required when reinstating) | CATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Finar Trust Fund Contribution. | neing [| \$5.00 May Be Added to Fees | |
| TO. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT P GUERCIO, DONALD C 463 MEADOW LARK DRIVE SARASTOA, FL 34236 VST GUERCIO, SUZANNE M 463 MEADOW LARK DRIVE SARASTOA, FL 34236 | CTORS | | | //00000391778 01/24/05-80054-014 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME | | | 1 | | - . |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 direction of the corporation or the receiver or further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06

941.371-252