
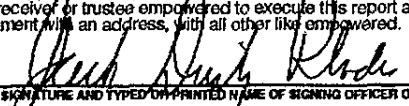


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

| | | |
|---|--------------------------|--|
| DOCUMENT # K37930 1. Entity Name DUSTY RHODES NORTH FLORIDA BASEBALL CAMP, INC. | |  |
| Principal Place of Business C/O JACK DUSTY RHODES 7524 SOUTHSIDE BLVD. APT 105 JACKSONVILLE, FL 32256 | | Mailing Address C/O JACK DUSTY RHODES 7524 SOUTHSIDE BLVD. APT 105 JACKSONVILLE, FL 32256 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent RHODES, JACK DUSTY 7524 SOUTHSIDE BLVD APT 105 JACKSONVILLE, FL 32256 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 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 | | |
| TITLE | D | |
| NAME | RHODES, JACK DUSTY | |
| STREET ADDRESS | 7524 SOUTHSIDE BLVD. 105 | |
| CITY-ST-ZIP | JACKSONVILLE, FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | 1/27/05 904-641-001 <small>Date Daytime Phone</small> |



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2934103** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**