

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0753 ANR05

Closed: 5/07/04  
FILED

05 FEB 24 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # L92625</b>			
1. Entity Name <b>SAWGRASS FAN CLUB, INC.</b>			
Principal Place of Business 12801 W SUNRISE BLVD 877 SUNRISE FL 33323 US		Mailing Address P.O. BOX 141269 IRVING TX 75014-1269	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>04-3096235</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYES STREET #105 TALLAHASSEE FL 32301		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, R. SHAWN	NAME	Maureen Richards
STREET ADDRESS	90 MCKEE	STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIP	MAHWAH NJ 07340	CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLBAUM, LEE D	NAME	100047307591
STREET ADDRESS	90 MCKEE	STREET ADDRESS	02/25/05--01044--024 **150.00
CITY-ST-ZIP	MAHWAH NJ 07340	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLTER, WARREN Z	NAME	Timothy Garahan
STREET ADDRESS	90 MCKEE	STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606
CITY-ST-ZIP	MAHWAH NJ 07340	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MICHAEL	NAME	
STREET ADDRESS	90 MCKEE	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ 07340	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY BETH	NAME	
STREET ADDRESS	3201 W. ROYAL LANE	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANTE, ANDREA	NAME	
STREET ADDRESS	3201 ROYAL LANE	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	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)(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.

SIGNATURE: TIMOTHY GARAHAN

FEB - 7 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #