

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M74337

1. Entity Name
SPORTS UNLIMITED ATHLETIC SUPPLIES, INC.



FILED

06 SEP 19 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142006 Chg-P CR2E034 (11/05)

Principal Place of Business
4281 TENTH AVENUE, NORTH
LAKE WORTH, FL 33461

Mailing Address
4281 TENTH AVENUE, NORTH
LAKE WORTH, FL 33461

2. Principal Place of Business

3. Mailing Address

408 SUMNER LAKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ELLIJAY GA

4. FEI Number
65-0037966

Applied For
Not Applicable

Zip

Country

Zip

Country

30540

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSE, BARRY
611 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROUSE, BARRY
611 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BARRY ROUSE
408 SUMNER LAKE
ELLIJAY GA 30540 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06

Date

Daytime Phone #

209/20