


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001663
 1. Entity Name
 HHS ROWING CLUB, INC.



Principal Place of Business Mailing Address
 PO BOX 360302 PO BOX 360302
 TAMPA, FL 33673 TAMPA, FL 33673



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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3634945 Not Applicable

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

6. Name and Address of Current Registered Agent
 WATERS, JACK C
 708 WEST HILDA ST
 TAMPA, FL 33603

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATERS, JACK C
STREET ADDRESS	708 WEST HILDA ST
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	PD
NAME	ALBRITTON, BRIAN
STREET ADDRESS	3209 W KNIGHTS AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VD
NAME	ERLICH, ROBERT
STREET ADDRESS	3037 SAMARA DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VD
NAME	NASH, DOUG
STREET ADDRESS	16913 EQUESTRIAN TRL
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	TD
NAME	COLLINS, KAREN
STREET ADDRESS	606 SURREY LN
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	SD
NAME	SPANO, ANA
STREET ADDRESS	7704 N ROME AVE
CITY-ST-ZIP	TAMPA, FL 33604

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 04/08/05-80075-001 61.25

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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 617, 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: Karen D. Collins, Treasurer KAREN D. COLLINS 4/4/05 813-604-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #