

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90221 012 ****70.00

DOCUMENT # N00000006116

1. Entity Name

BAD CAT WRESTLING CLUB, INC.



Principal Place of Business

2868 MEADOW WOOD DRIVE
CLEARWATER FL 33761

Mailing Address

2963 WENTWORTH WAY
TARPON SPRINGS FL 34688

2. Principal Place of Business

1570 10th St. South

Suite, Apt. #, etc.

3. Mailing Address

918 Wyngate Court

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

USA

City & State

Safety Harbor, FL

Zip

34695

Country

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3671169

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURTZO, CRAIG
2637 WESTVIEW CT
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

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 \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WALLER, JAMIE MRS.	
STREET ADDRESS	2963 WENTWORTH WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAYER, DAVE	
STREET ADDRESS	3474 ROLLING TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CASTELL, MALISSA	
STREET ADDRESS	3275 MALBARY	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, GLENN	
STREET ADDRESS	2868 MEADOW WOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parry, Ed	
STREET ADDRESS	913 Wyngate Ct.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Incorria, Chris	
STREET ADDRESS	918 Wyngate Court	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Incorria, David	
STREET ADDRESS	918 Wyngate Court	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

David A. Incorria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 727-669-5289

Date

Daytime Phone #