## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 21, 2004 8:00 am Secretary of State 05-21-2004 90004 039 \*\*\*\*61.25

1. Entity Name	MENT # N00000006  COUNTRY LEAGUERETTS			05-21-	-2004 90004 039 ****6	51.25	
Principal Place of Business POST OFFICE BOX 260712 TAMPA, FL 33685-0712		Mailing Address POST OFFICE BOX 260712 TAMPA, FL 33685-0712			54055	112	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122003 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-3685846		plied For	
Žip	Country	Zip	Country	5. Certificate of Status Des	\$8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of			
o. Humo and readings of surface traggers			Name T	· · · · · · · · · · · · · · · · · · ·			
GEORGE, LISA 8514 MANASSAS RD.			Street Address (P.O. Box Number is 40t Acceptable)				
TAMPA, FL 33635		7535		Armand Circle			
			City	anoa	FL Z	634	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regis	stered agent, or both, in the State	e of Florida. I am familiar with,	and accept	
SIGNATURE .	Thallentan, Signature, typed or printed name of rightstered agents	Prioridant (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		
Di	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to Florida Department of Si		
<b>D</b> i		Trust Fund Co	ontribution.   11.	Added to Fees  ADDITIONS/CHANGES TO C		tate	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR PD GEORGE, LISA 8514 MANASSAS RD.	Trust Fund Co	ontribution.   11.  TITLE PL  NAME STREET ADDRESS 75	Added to Fees  ADDITIONS/CHANGES TO CO  TO Kernigan  35 Armand Circle	Florida Department of SI  OFFICERS AND DIRECTORS IN  Change	late	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD GEORGE, LISA 8514 MANASSAS RD. TAMPA, FL 33635 VPD MOS-SOLOMON, VICKI 5006 SHETLAND AVE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS THE TADDRESS THE TA	Added to Fees  ADDITIONS/CHANGES TO CO  na Kerrigan 35 Armand Circle  ampa, PL 3343  D mera Farr  10 Revere St.	Florida Department of SI  OFFICERS AND DIRECTORS IN  Change	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR  OFFICERS AND DIR  PD GEORGE, LISA 8514 MANASSAS RD. TAMPA, FL 33635  VPD MOS-SOLOMON, VICKI 5006 SHETLAND AVE TAMPA, FL 33615  SD GRUFF, KAREN 10002 OAKENGATE PL	Trust Fund Co	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TO	Added to Fees  ADDITIONS/CHANGES TO CO  TO A Kernigan  35 Armand Circle  The Added  The Added  Added to Fees  The Added  The Added	Florida Department of SI  OFFICERS AND DIRECTORS IN  Change  Change  Change	110 Addition	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR  OFFICERS AND DIR  PD GEORGE, LISA 8514 MANASSAS RD. TAMPA, FL 33635  VPD MOS-SOLOMON, VICKI 5006 SHETLAND AVE TAMPA, FL 33615  SD GRUFF, KAREN	Trust Fund Co	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TO	Added to Fees  ADDITIONS/CHANGES TO CO  TO A Kernigan  35 Armand Circle  Ampa, PL 3363  Thera Farr  10 Revere St.  11 19 18 18 18	Florida Department of SI  OFFICERS AND DIRECTORS IN  Change  Change  Change	Addition	
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND DIR  OFFICERS AND DIR  PD GEORGE, LISA 8514 MANASSAS RD. TAMPA, FL 33635  VPD MOS-SOLOMON, VICKI 5006 SHETLAND AVE TAMPA, FL 33615 SD GRUFF, KAREN 10002 OAKENGATE PL TAMPA, FL 33624  TD EVANS, TERESA 10385 CARROLLWOOD LN., #30	Trust Fund Co	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO CO  TO A Kernigan  35 Armand Circle  The Added  The Added  Added to Fees  The Added  The Added	Florida Department of SI  DEFICERS AND DIRECTORS IN  Change  Change	Addition  Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: