

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004262

FILED
Apr 22, 2005
Secretary of State

Entity Name: PALM BEACH STORM BASEBALL, INC.

Current Principal Place of Business:

14538 94TH STREET N.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

14538 94TH STREET N.
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 65-1105031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LJONGQUIST, KIRK
14538 94TH STREET N.
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LJONGQUIST, KIRK
Address: 14538 94TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VPD () Delete
Name: MOONEY, PETER
Address: 15668 ORANGE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TT () Delete
Name: LJONQQUIST, PAMELA
Address: 14538 94TH STREET N
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM LJONGQUIST

TT

04/22/2005

Electronic Signature of Signing Officer or Director

Date