

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90414 036 \*\*\*\*61.25

**DOCUMENT # N01000004471**

1. Entity Name  
**THE FEDERATED SPORTS & AFFILIATES, INC.**



Principal Place of Business  
**4301 SPANISH TRAIL  
PENSACOLA, FL 32504**

Mailing Address  
**PO BOX 93  
CANTONMENT, FL 32533**

**40059789**



**DO NOT WRITE IN THIS SPACE**

04102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3758366**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BYRD, RAYMOND F  
2496 HANDY ROAD  
CANTONMENT, FL 32533**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JONES, ROY JR  
2410 FARRIS AVENUE  
PENSACOLA, FL 32526**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BYRD, RAYMOND F  
2496 HANDY ROAD  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, BILL  
5549 LILAC AVE  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLBERT, KENNETH DR  
6708 BEAUDRY LANE  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HALLFORD, CAROL L  
8100 BROOMES RD  
CENTURY, FL 32535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HALLFORD, ROBBIE  
8100 BROOMES ROAD  
CENTURY, FL 32535**

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Carol L. Hallford*

**CAROL L. HALLFORD**

**4/15/06**

**8502562658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #