

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

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000007688

1. Entity Name
ORLANDO XPLOSION BASEBALL CLUB, INC.



Principal Place of Business
4837 TELLSON PLACE
ORLANDO, FL 32812

Mailing Address
4837 TELLSON PLACE
ORLANDO, FL 32812



04222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3753212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARRO, RENE
4837 TELLSON PLACE
ORLANDO, FL 32812

**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

René Navarro

René Navarro

4/24/06

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

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	PD
NAME	NAVARRO, JULIO
STREET ADDRESS	4837 TELLSON PLACE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	SD
NAME	PANEBIANCO, JOSEPH
STREET ADDRESS	225 CROOKED STICK CT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	TD
NAME	MUNDEE, KATHY
STREET ADDRESS	8100 OAK PARK RD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534855
05/08/06-80028-024 61.25

**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:

Julio Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

DATE

321-436-6396

DAYTIME PHONE #