2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-21-2005 90229 020 ****70.00
N02000000509

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 PM 3:30

DOCUMENT # N02000000509

1. Entity Name
PIRATE FOOTBALL CORPORATION

Principal Place of Business	Mailing Address
2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952

2. Principal Place of Business: Pchar. High Schol
Suite, Apt. #, etc.: SAME AS #3
City & State:
Zip: Country:

3. Mailing Address: PO Box 380445
Suite, Apt. #, etc.:
City & State: Murdock FLA
Zip: 33938 Country: Char. / USA

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-1158963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEER, MARY L
2886 TAMIAMI TRAIL
SUITE 8
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: GREG HOWARD
Street Address (P.O. Box Number is Not Acceptable): 23340 PAINTER AVENUE
City: PT CHARLOTTE FL Zip Code: 33954

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, GREG 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHAVE, JIM 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEER, MARY L 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARLSON, JAY 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MCLAFFERTY, MARYANNE 1361 NEWTON ST PT CHARLOTTE FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, JERRY 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD INGMAN, GARY 2886 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ GREG HOWARD 4/15/05 941-743-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #