

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 039 ****61.25

DOCUMENT # N02000000509

1. Entity Name
PIRATE FOOTBALL CORPORATION



Principal Place of Business
P.O. BOX 380445
MURDOCK, FL 33938

Mailing Address
P.O. BOX 380445
MURDOCK, FL 33938

50007738



2. Principal Place of Business
Pt. Charlotte High School
Suite, Apt. #, etc.

3. Mailing Address
Po Box 380445
Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State

City & State
MURDOCK, FLA

4. FEI Number
65-1158963

Applied For
Not Applicable

Zip Country

Zip Country
33938 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, GREG
23340 PAINTER AVENUE
PORT CHARLOTTE, FL 33954

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

3/28/06

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOWARD, GREG
STREET ADDRESS 2886 TAMIAMI TRAIL SUITE 8
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE PD
NAME HOWARD, GREG
STREET ADDRESS 23340 PAINTER AVE
CITY-ST-ZIP PT CHAR. FLA 33954 ☒ Change ☐ Addition

TITLE VD
NAME SHAVE, JIM
STREET ADDRESS 2886 TAMIAMI TRAIL SUITE 8
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE VD
NAME SHAVE, JIM
STREET ADDRESS 2616 TAMIAMI TRAIL UNIT 6
CITY-ST-ZIP PT CHARLOTTE FLA 33952 ☒ Change ☐ Addition

TITLE T
NAME MC LAFFERTY, MARYANNE
STREET ADDRESS 1361 NEWTON STREET
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE T
NAME MC LAFFERTY, MARYANNE
STREET ADDRESS 1720 EL JOBEAN RD. SUITE 212
CITY-ST-ZIP PT CHARLOTTE FLA 33948 ☒ Change ☐ Addition

TITLE D
NAME WILSON, JERRY
STREET ADDRESS 2886 TAMIAMI TRAIL SUITE 8
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE D
NAME WILSON, JERRY
STREET ADDRESS 4800 TAMIAMI TRAIL
CITY-ST-ZIP PT CHAR. FL. 33980 ☒ Change ☐ Addition

TITLE SD
NAME INGMAN, GARY
STREET ADDRESS 2886 TAMIAMI TRAIL SUITE 8
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE SD
NAME INGMAN, GARY
STREET ADDRESS 1189 TAMIAMI TRAIL
CITY-ST-ZIP PT CHAR. FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

941-764-1776
Daytime Phone #