


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000722 1. Entity Name CENTRAL FLORIDA BOMB SQUAD BASEBALL, INC.	
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Principal Place of Business C/O LEE A SILER 627 ESTATES PLACE LONGWOOD, FL 32779	Mailing Address C/O LEE A SILER 627 ESTATES PLACE LONGWOOD, FL 32779
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03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3598460	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILER, LEE A
C/O LEE A SILER
627 ESTATES PLACE
LONGWOOD, FL 32779**

**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, 2005**

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	PD SILER, LEE A 627 ESTATES PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTH, JAMES 1214 SUNSHINE TREE BLVD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SILER, DORA L 627 ESTATES PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMS, MARY 1941 PALM VISTA DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, BRUCE 1563 CARRINGTON AVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000286510
03/17/05-80032-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

Date

407-830-7807

Daytime Phone #