

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

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N02000000722**

1. Entity Name  
**CENTRAL FLORIDA BOMB SQUAD BASEBALL, INC.**



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**



03302006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3598460**

Applied For  
Not Applicable

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

**4-6-06**

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

**U00000508466  
04/28/06-80004-024 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-06 830-7805**