

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002973

FILED
Jan 27, 2005
Secretary of State

Entity Name: NEW PORT RICHEY BANDITS, INC.

Current Principal Place of Business:

3133 COVINA ST
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

3133 COVINA ST
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 01-0690546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KARL D
15325 ALRIC POTTBERG RD.
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEELEN, ROB
Address: 3133 COVINA ST
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV () Delete
Name: PEMBERTON, MIKE
Address: 1022 FINCASTLE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DT () Delete
Name: SEYMOUR, TINA
Address: 7532 TURTLE BROOK LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: CRAWFORD, KARL D
Address: 15325 ALRIC POTTBERG RD.
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB NEELEN

DP

01/27/2005

Electronic Signature of Signing Officer or Director

Date