## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005395

Entity Name: SKATE SHOOT SAVE INC.

FILED May 02, 2005 Secretary of State

Entity Na	me: SKATE SHOOT SAVE INC.			
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
650 GENE TAMPA, F				
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
650 GENE TAMPA, F				
In accordan	: 32-0022535 FEI Number Applied For ( ice with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.	. ,	
Name and	l Address of Current Registered Agen	t: Name and Address of New Registered	Agent:	
LEONARI 650 GENE TAMPA, F				
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered	d agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	d Agent Date		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete TUCKER, JOHN G 18604 AVENUE MONACO LUTZ, FL 33558	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	1	
Title: Name: Address: City-St-Zip:	VD () Delete LEONARDO, JOSEPH J 650 GENEVA PL. TAMPA, FL 33606	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	1	
Title: Name: Address: City-St-Zip:	VD (X) Delete PREUSCH, BARRY 5015 WESLEY DR. TAMPA, FL 33306	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	1	
Title: Name: Address: City-St-Zip:	VD ( ) Delete QUESSENBERRY, MARTIN 401 CHANNELSIDE DR. TAMPA, FL 33606	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	ו	
Title: Name:	VD (X) Delete SCHMITZ, KARL M	Title: ( ) Change ( ) Addition	ו	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH J. LEONARDO VD 05/02/2005

12000 DALE MABRY HWY. N. SUITE 264

TAMPA, FL 33624

Address: City-St-Zip: