2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# N02000008918

Entity Name: KEYSTONE YOUTH ATHLETIC GROUP, INC.

Current Principal Place of Business:

9102 SHADOW POND COURT
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

1311 N. WESTSHORE BLVD
205
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 65-1164207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFLOCH, EUGENE M ESQ.
1311 N. WESTSHORE BLVD
205
TAMPA, FL 33607 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: T ( ) Delete
Name: BLACKBURN, CRAIG
Address: 9102 SHADOW POND COURT
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete
Name: SPYCHALA, MIKE
Address: 9102 SHADOW POND COURT
City-St-Zip: ODESSA, FL 33556 US

Title: T ( ) Delete
Name: TURNER, GAY L
Address: 19611 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL 33556 US

Title: T ( ) Delete
Name: TURNER, GAY L
Address: 19611 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL 33556 US

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: CRAIG BLACKBURN PRES 02/04/2004

Electronic Signature of Signing Officer or Director — Date