

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008978

FILED
Aug 20, 2004
Secretary of State**Entity Name:** HEARTBREAKERS SOFTBALL CORP.**Current Principal Place of Business:**3910 NORTHDAL BLVD.
SUITE 208
TAMPA, FL 33624**New Principal Place of Business:**P.O. BOX 341228
TAMPA, FL 33694**Current Mailing Address:**3910 NORTHDAL BLVD.
SUITE 208
TAMPA, FL 33624**New Mailing Address:**P.O. BOX 341228
TAMPA, FL 33694**FEI Number:** 29-5687662**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BOWMAN, AL T
3910 NORTHDAL BLVD
#208
TAMPA, FL 33624**Name and Address of New Registered Agent:**BOWMAN, AL T
5912 HAMMOCK WOODS DRIVE
ODESSA, FL 33556

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: _____

08/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: OGLEVIE, BRUCE
Address: 6003 LEMON TREE CT.
City-St-Zip: TAMPA, FL 33625**Title:** VD () Delete
Name: BOWMAN, AL T
Address: 3910 NORTHDAL BLVD #208
City-St-Zip: TAMPA, FL 33624**Title:** S () Delete
Name: BOWMAN, AL
Address: 3910 NORTHDAL BLVD #208
City-St-Zip: TAMPA, FL 33624**Title:** TD () Delete
Name: RUSHER, LAURA
Address: 12801 BERT PLACE
City-St-Zip: TAMPA, FL 33625**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: BOWMAN, AL T
Address: P.O. BOX 341228
City-St-Zip: TAMPA, FL 33694**Title:** S (X) Change () Addition
Name: BOWMAN, AL
Address: P.O. BOX 341228
City-St-Zip: TAMPA, FL 33694**Title:** TD (X) Change () Addition
Name: BRUCE, OGLEVIE
Address: 6003 LEMON TREE CT.
City-St-Zip: TAMPA, FL 33625

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: AL BOWMAN

VD

08/20/2004

Electronic Signature of Signing Officer or Director

Date