

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008978

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: HEARTBREAKERS SOFTBALL CORP.

## Current Principal Place of Business:

P.O. BOX 341228  
TAMPA, FL 33694

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 341228  
TAMPA, FL 33694

## New Mailing Address:

FEI Number: 57-1215818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWMAN, AL T  
5912 HAMMOCK WOODS DRIVE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

BOWMAN, AL T  
5225 EHRLICH RD  
TAMPA, FL 33624 US

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:

04/27/2005

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: P.O. BOX 341228  
City-St-Zip: TAMPA, FL 33694

Title: S ( ) Delete  
Name: BOWMAN, AL  
Address: P.O. BOX 341228  
City-St-Zip: TAMPA, FL 33694

Title: TD (X) Delete  
Name: BRUCE, OGLEVIE  
Address: 6003 LEMON TREE CT.  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: OGLEVIE, BRUCE  
Address: 6003 LEMON TREE CT.  
City-St-Zip: TAMPA, FL 33625

Title: PD (X) Change ( ) Addition  
Name: BOWMAN, AL T  
Address: P.O. BOX 341228  
City-St-Zip: TAMPA, FL 33694

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: AL BOWMAN

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date