
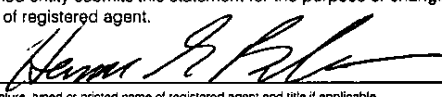



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90031 009 ****70.00

DOCUMENT # N03000000921 1. Entity Name THE AWOL CLUB, INC.					
Principal Place of Business 1902 SE 39 TERRACE CAPE CORAL, FL 33904			Mailing Address 1902 SE 39 TERRACE CAPE CORAL, FL 33904		
2. Principal Place of Business 1313 CAFFAYETTE ST Suite, Apt. #, etc.		3. Mailing Address 1919 SE 37TH TER Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 35-2195907	
Zip 33904		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GATLEY, DAVID 1902 SE 39 TERRACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name HERMAN BRUECKNER Street Address (P.O. Box Number is Not Acceptable) 1919 SE 37TH TERRACE City CAPE CORAL FL Zip Code 33904		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GATLEY, DAVID 1902 SE 39 TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUECKNER, VICKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1919 SE 37TH TERRACE CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BIRCH, RAY 1902 SE 39 TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURA MCCORMICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1328 SE 6TH AVE CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CIANCANELLI, JOEY 1902 SE 39 TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY FONTAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4348 SW 19 AVE CAPE CORAL FL 33914		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SITKA, BRUCE 1902 SE 39TH TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3935 COUNTRY CLUB BLVD CAPE CORAL FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRUECKNER, HERMAN 1902 SE 39 TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUECKNER, HERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 SE 37 TERRACE CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BIRCH, MARY ELLEN 1902 SE 39 TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAISY JONES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5150 YORK CT CAPE CORAL FL 33904		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  BRUCE SITKA DATE 2/25/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					