

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000967

Entity Name: FIREFIGHTER SOFTBALL INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

19210 RIDGELAKE DR.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

19210 RIDGELAKE DR.
LUTZ, FL 33549

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, TROY
19210 RIDGELAKE DR.
LUTZ, FL 33549

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: D () Delete
Name: WHITE, TROY
Address: 19210 RIDGELAKE DR.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BENDURE, PAT
Address: 12908 WOODLEIGH AVE.
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MOSELEY, MIKE
Address: 12231 COLDSTREAM LN
City-St-Zip: TAMPA, FL 33626

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:

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: TROY WHIE

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date