

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006983

1. Entity Name

FLORIDA FASTBREAK INC.



Principal Place of Business

7749 GLASCOW DR
NEW PORT RICHEY FL 34653

Mailing Address

7749 GLASCOW DR
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4275926

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, WALTER
7749 GLASCOW DR
NEW PORT RICHEY FL 34653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | ED | <input type="checkbox"/> Delete |
| NAME | AYERS, WALTER | |
| STREET ADDRESS | 7749 GLASCOW DR | |
| CITY- ST- ZIP | NEW PORT RICHEY FL 34653 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARBONE, MICHAEL | |
| STREET ADDRESS | 7749 GLASCOW DR | |
| CITY- ST- ZIP | NEW PORT RICHEY FL 34653 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AYERS, RAQUEL | |
| STREET ADDRESS | 7749 GLASCOW DR | |
| CITY- ST- ZIP | NEW PORT RICHEY FL 34653 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

U000000287242
04/04/05-80061-015 66.25

U000000287242
04/04/05-80061-016 8.75

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:

Walter Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-05