

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000006983

1. Entity Name

FLORIDA FASTBREAK INC.



FILED
Feb 15, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

13-4275926

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AYERS, WALTER
7749 GLASCOW DR
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ED ☐ Delete
NAME AYERS, WALTER
STREET ADDRESS 7749 GLASCOW DR
CITY - ST - ZIP NEW PORT RICHEY FL 34653

TITLE D ☐ Delete
NAME CARBONE, MICHAEL
STREET ADDRESS 7749 GLASCOW DR
CITY - ST - ZIP NEW PORT RICHEY FL 34653

TITLE D ☐ Delete
NAME AYERS, RAQUEL
STREET ADDRESS 7749 GLASCOW DR
CITY - ST - ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000637775
02/27/07-80002-003 75.00

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07

Date

787/843-8122

Daytime Phone if