

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010322

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** CLEARWATER TORNADO WRESTLING BOOSTER CORPORATION

**Current Principal Place of Business:**

716 SHADY LN  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

716 SHADY LN  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 52-2419160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGH, RUSSELL  
716 SHADY LN  
CLEARWATER, FL 33764 US

**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: P ( ) Delete  
Name: HIGH, RUSSELL  
Address: 716 SHADY LN  
City-St-Zip: CLEARWATER, FL 33764

Title: T ( ) Delete  
Name: BENEDICT, MICHAEL  
Address: 6699 90TH AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RUSSELL HIGH

PRES

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date