

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010634

FILED
Mar 19, 2004
Secretary of State**Entity Name:** CHARLOTTE SMASH GIRLS FASTPITCH, INC**Current Principal Place of Business:**21452 WEBBWOOD AVENUE
PORT CHARLOTTE, FL 33954 US**New Principal Place of Business:****Current Mailing Address:**21452 WEBBWOOD AVENUE
PORT CHARLOTTE, FL 33954 US**New Mailing Address:****FEI Number:** 20-0465901**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MASTRELLA, GENIFER
21452 WEBBWOOD AVENUE
PORT CHARLOTTE, FL 33954 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: DP () Delete
Name: HUCKESTEIN, PAUL
Address: 4096 GALLO STREET
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: DVP () Delete
Name: RYCK, MICHAEL
Address: 21012 CORNELLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DST () Delete
Name: MASTRELLA, GENIFER
Address: 21452 WEBBWOOD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: D () Delete
Name: RYCK, MISHELLE
Address: 21012 CORNELLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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:

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: GENIFER M. MASTRELLA

OD

03/19/2004

Electronic Signature of Signing Officer or Director

Date