


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010634		
1. Entity Name CHARLOTTE SMASH GIRLS FASTPITCH, INC		
Principal Place of Business 21452 WEBBWOOD AVENUE PORT CHARLOTTE, FL 33954 US	Mailing Address 21452 WEBBWOOD AVENUE PORT CHARLOTTE, FL 33954 US	



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0465901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASTRELLA, GENIFER 21452 WEBBWOOD AVENUE PORT CHARLOTTE, FL 33954	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUCKESTEIN, PAUL 4096 GALLO STREET PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RYCK, MICHAEL 21012 CORNELLE AVENUE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MASTRELLA, GENIFER 21452 WEBBWOOD AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYCK, MISHELLE 21012 CORNELLE AVENUE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/28/05-80015-026 61.25

DO NOT WRITE IN THIS SPACE

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:  **3/23/05 941-815-8865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #