

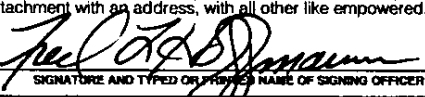


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90036 015 ****61.25

DOCUMENT # N04000011456 1. Entity Name WEST VOLUSIA SWIM TEAM, INC.					
Principal Place of Business 2518 KRINKLEWOOD DRIVE DELAND, FL 32724			Mailing Address 2518 KRINKLEWOOD DRIVE DELAND, FL 32724		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50015885</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 02082005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 18px; font-weight: bold;">2059-2915280</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="font-weight: bold;">\$8.75</div> Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMANN, FRED 2518 KRINKLEWOOD DRIVE DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="font-size: 18px; font-weight: bold;">FL</div> Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="display: flex; justify-content: space-between;"> <div> \$5.00 May Be Added to Fees </div> <div> Make check payable to Florida Department of State </div> </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMANN, FRED 2518 KRINKLEWOOD DRIVE DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARK A 991 SYLVIA DRIVE DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNEJO, DONNA L 849 HANOVER ROAD DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Rowand 1340 Bakersfield Ave Deltona, FL 32725	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D michele Rainier 1116 Heartwood Dr. DeLand, FL 32720	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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: 		2-9-05		386-736-6114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="font-size: 18px; font-weight: bold;">FRED L. HOFFMANN</div>		Date		Daytime Phone #	