

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000594

FILED
Jan 12, 2007
Secretary of State

Entity Name: TAMPA BLADES BASEBALL, INC.

Current Principal Place of Business:

9240 DAYFLOWER DR
TAMPA, FL 33647

New Principal Place of Business:

111 SOUTH GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

9240 DAYFLOWER DR
TAMPA, FL 33647

New Mailing Address:

1111 SOUTH GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617

FEI Number: 20-2191947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESIDENT AGENT CORPORATION OF PINELLAS COU
980 TYRONE BLVD
ST PETERSBURG, FL 33710 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: D () Delete
Name: ALFORD, GARY
Address: 9240 DAYFLOWER DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: ALFORD, LAURA
Address: 9240 DAYFLOWER DR
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: WILSON, GERALD R JR.
Address: 9611 NORCHESTER CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ENDRIS, SCOTT
Address: 111 SOUTH GLEN ARVEN AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Change () Addition
Name: PIAZZA, RICHARD J
Address: 29439 ALLEGRO DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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 Chapter 119, 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: SCOTT ENDRIS

PRES

01/12/2007

Electronic Signature of Signing Officer or Director

Date