

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90203 044 ****70.00

DOCUMENT # N05000006583					
1. Entity Name HILLIARD LITTLE LEAGUE INC.					
Principal Place of Business 175355 BAY ROAD HILLIARD, FL 32046			Mailing Address P.O. BOX 1466 HILLIARD, FL 32046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR C505007142	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESLEY, STACEY C 37139 PINERIDGE RD HILLIARD, FL 32046			Name <u>JEFF MAY</u> Street Address (P.O. Box Number is Not Acceptable) <u>36098 Holiday Dr</u> City <u>CALLAHAN</u> <u>FL</u> Zip Code <u>32011</u>		
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 <u>Jeff May</u> <u>JEFF MAY, PRESIDENT - Reg. Agent</u> <u>4-17-06</u> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, JEFF 36098 HILLIDAY DRIVE CALLAHAN, FL 32011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J 36098 Holiday Dr.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSEN, SHERRIE 37543 BLUFORD RD HILLIARD, FL 32046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	37543 Bluford Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F MCCAULEY, JAMES 17094 MCCAULEY LANE HILLIARD, FL 32046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TESTONE, TONY 36232 PATSY LANE CALLAHAN, FL 32011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jeff May</u> <u>4/17/06</u> <u>5097188</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					