

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012161

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: PSL BASEBALL INC.

## Current Principal Place of Business:

1648 SE BURGUNDY LANE  
PORT SAINT LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

1648 SE BURGUNDY LANE  
PORT SAINT LUCIE, FL 34952

## New Mailing Address:

FEI Number: 56-2555316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL L  
1648 SE BURGUNDY LANE  
PORT ST LUCIE, FL 34952 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: P ( ) Delete  
Name: O'BRIEN, MICHAEL L  
Address: 1648 SE BURGUNDY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete  
Name: O'BRIEN, VERONICA ANN  
Address: 1648 SE BURGUNDY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete  
Name: BRUBAKER, MATT  
Address: 653 TIMBERDOODLE TRAIL  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: SHABARECK, GEORGE III  
Address: 334 SE STRAIT AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: SHABARECK, ERIN  
Address: 334 SE STRAIT AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: TURNER, CATHY  
Address: 2289 SE LEITHGOW ST.  
City-St-Zip: PORT ST LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SHABARECK, ERIN  
Address: 334 SE STRAIT AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENTZ, DAVE  
Address: 2549 SW CARPENTER  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T (X) Change ( ) Addition  
Name: TURNER, CATHY  
Address: 2289 SE LEITHGOW ST.  
City-St-Zip: PORT ST LUCIE, FL 34952

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: CATHY TURNER

T

01/21/2007

Electronic Signature of Signing Officer or Director

Date