

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005828

FILED  
Aug 01, 2007  
Secretary of State

**Entity Name:** COACH ROB'S BENEFIT BASH INC.

**Current Principal Place of Business:**

9844 MONTCLAIR CIRCLE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

9844 MONTCLAIR CIRCLE  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 22-3933729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRADFORD, ROB  
9844 MONTCLAIR CIRCLE  
APOPKA, FL 32703      US

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: BRADFORD, ROB  
Address: 9844 MONTCLAIR CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: T      ( ) Delete  
Name: BRADFORD, KIM  
Address: 9844 MONTCLAIR CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: V      ( ) Delete  
Name: BIRMINGHAM, TODD  
Address: 9857 MONTCLAIRE CIRCLE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TODD BIRMINGHAM

V

08/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date