2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010988

FILED Jul 20, 2007 Secretary of State

Entity Name: WEST PINELLAS KRUSHERZ SOFTBALL INC.

Current P	Principal Place of Business:	New Principal Place of Business:
	GE TOP DRIVE SPRINGS, FL 34688	
Current N	Mailing Address:	New Mailing Address:
	GE TOP DRIVE SPRINGS, FL 34688	
n accordar	r: 20-5752677 FEI Number Applied For() noe with s. 607.193(2)(b), F.S., the corporation did	
iame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	, RAY 3E TOP DRIVE SPRINGS, FL 34688 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or bot
n the Stat	e of Florida.	e purpose of changing its registered office or registered agent, or bot
the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. * RE:	
the Stat GNATU FFICER tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered A	Agent Date
n the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PRES () Delete SZELEST, RAY 1478 RIDGE TOP DRIVE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
on the State SIGNATU DFFICER itle: lame: ddress: itty-St-Zip: itle: lame: ddress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PRES () Delete SZELEST, RAY 1478 RIDGE TOP DRIVE TARPON SPRINGS, FL 34688 TRES () Delete FAISON, ROBERT 408 RIVERSIDE DRIVE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: RAYMOND M. SZELEST PRES 07/20/2007