


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90004 031 \*\*\*\*61.25

<b>DOCUMENT # N07000006876</b> 1. Entity Name <b>CRUSHERS FASTPITCH SOFTBALL, INC.</b>					
Principal Place of Business <b>16208 ARROWHEAD TRAIL CLERMONT, FL 34711</b>			Mailing Address <b>16208 ARROWHEAD TRAIL CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>ROTTON, BOBBY 16208 ARROWHEAD TRAIL CLERMONT, FL 34711</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROTTON, BOBBY</b> <b>16208 ARROWHEAD TRAIL</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARREN, CHRISTOPHER</b> <b>2447 ORSOTA CIRCLE</b> <b>OCFEE, FL 34761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARREN, CHRISTOPHER</b> <b>2447 ORSOTA CIRCLE</b> <b>OVOEE, FL 34761</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VENEZIA, STEVEN</b> <b>16043 HORIZON COURT</b> <b>CLERMONT, FL 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROTTON, BONITA</b> <b>16208 ARROWHEAD TRAIL</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, TANYA</b> <b>11440 CRESCENT PINES</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VENEZIA, STEVEN</b> <b>16208 ARROWHEAD TRAIL</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, SARAH</b> <b>15741 CHARTER OAK TRAIL</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGOVERN, STEPHANIE</b> <b>14432 N. GREATER HILLS BLVD</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Bobby R. Rotton</u> BOBBY R. ROTTON</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/14/2008</u> Daytime Phone # <u>407-856-2400</u>	

40056133



01132008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0522691** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required