2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11030

FILED Feb 13, 2005 Secretary of State

Entity Na	me: TITUSVI	ILLE SOCCER CLUB, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
PO BOX 6 TITUSVIL	583 LE, FL 32781			
Current Mailing Address:			New Mailing Address:	
PO BOX 6 TITUSVIL	583 LE, FL 32781			
FEI Numbei	r: 59-2846839	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
CONE, GI 3305 LISA MIMS, FL	N DRIVE			
	e named entity te of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU				
	Electro	onic Signature of Registered Ag	ent	Date
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD (CONE, GEOFI 3305 LISA DR MIMS, FL 327	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD (BARRETTA, Ju 4575 HELENA TITUSVILLE, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	TD (T:11	
Address: City-St-Zip:	KATHLEEN, R	RIDGE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEOFF CONE PD 02/13/2005