


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N26888 1. Entity Name LOCKER ROOM CLUB, INC.	
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Principal Place of Business HINES, FRANK 1307 OAKWOOD CT. KISSIMMEE, FL 34744 US	Mailing Address HINES, FRANK 1307 OAKWOOD CT. KISSIMMEE, FL 34744 US
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04292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2865825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, FRANK 1307 OAKWOOD CT. KISSIMMEE, FL 34744

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000750916
05/25/07-80034-009 \$1.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINES, FRANK 1307 OAKWOOD CT. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINES, EARLENE 1307 OAKWOOD CT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINES, FRANK S 1307 OAKWOOD CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUTILIER, JULIE 3446 LASALLE AVE SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07
Date

407-846-6287
Daytime Phone #