2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N38343

1. Entity Name
EAGLE ALL-SPORTS BOOSTERS, INC.

Principal Place of Business	Mailing Address
C/O ERNIE MODUGNO 1100 GOLDEN EAGLE CIRCLE NAPLES, FL 34102	C/O ERNIE MODUGNO 1100 GOLDEN EAGLE CIRCLE NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

03072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0209554
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MODUGNO, ERNIE
1100 22ND AVE. NORTH
NAPLES, FL 33940

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000089920
03/16/04-80008-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CARR, MARY ANN
STREET ADDRESS	565 YUCOA RD
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VD
NAME	GREGORY, ROGER
STREET ADDRESS	2618 12TH CT. N.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	PD
NAME	THOMPSON, BRAD
STREET ADDRESS	2152 LONGBOAT DR.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	SALLEY, LYNN
STREET ADDRESS	2467 PINE WOOD CIR.
CITY ST ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lynn Salley LYNN SALLEY 3/8/04 (239) 430-6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #