2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001523

1. Entity Name
TOWN AND COUNTRY COMPETITIVE SOCCER, INC.

Principal Place of Business	Mailing Address
3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624	3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3178950 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BLATTLER, ED
3802 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624

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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 _____
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, 2005

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

100000208231
02/01/05-80070-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAN STEENBERGEN, PAUL
STREET ADDRESS	16208 MARSHFIELD DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	LOMBARDI, MICHAEL
STREET ADDRESS	13149 ROYAL GEORGE AVENUE
CITY-ST-ZIP	ODESSA, FL
TITLE	TD
NAME	DONALSON, KATHY
STREET ADDRESS	12901 FARMINGHAM CT.
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	HALEY, VALERIE
STREET ADDRESS	9825 BAY ISLAND DR.
CITY-ST-ZIP	TAMPA, FL
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: _____ 1/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #