


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 3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624	Mailing Address 3802 EHRLICH ROAD SUITE 201 TAMPA, FL 33624
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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 <input type="checkbox"/> \$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 _____ (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


UN0000208231
 02/01/05-80070-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN STEENBERGEN, PAUL 16208 MARSHFIELD DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOMBARDI, MICHAEL 13149 ROYAL GEORGE AVENUE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALSON, KATHY 12901 FARMINGHAM CT. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALEY, VALERIE 9825 BAY ISLAND DR. 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)(f), 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 #