

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 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**



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BLATTNER, ED
3802 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624**

**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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11110001399825
12/01/06-80030-002 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:

**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

Ed Blattner, Reg. Agent

Date

Daytime Phone #

1/10/06 813-960-7098