


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90002 050 \*\*\*\*70.00

**DOCUMENT # N93000002392**

1. Entity Name  
**ALL SPORTS COMMUNITY SERVICE, INC.**



Principal Place of Business      Mailing Address

~~4732 N. DALE MABRY HWY.~~ *4511 N. HIMES*      ~~PO BOX 271506~~  
~~SUITE 405~~      *SUITE 195*      TAMPA, FL 33688      US  
TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-3184150</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~KEYS, TYRONE P~~  
~~4732 N. DALE MABRY HIGHWAY~~      *4511 N. HIMES AVE.*  
~~SUITE 405~~      *SUITE 195*  
~~TAMPA, FL 33614~~      *TAMPA, FL 33614*

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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]*      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KEYS, TYRONE <del>4732 N. DALE MABRY HWY., STE. 405</del> <i>4511 N. HIMES</i> <del>TAMPA, FL 33614</del> <i>SUITE 195</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUBLEY, MARTIN A 3820 NORTHDAL BLVD.,STE. 312-B TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUBLEY, DANIEL B 3820 NORTHDAL BLVD.,STE. 312-B TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, CARNELL ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SUSAN DR 702 S. FIELDING TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULM, SCOTT 2966 N. DALE MABRY HWY. TAMPA, FL 33622

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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: *[Signature]*      *6/30/05*      *813-348-3729*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #