

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90058 023 \*\*\*\*61.25

**DOCUMENT # N93000002392**

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



Principal Place of Business  
**4511 NORTH HIMES AVENUE**  
**SUITE 195**  
**TAMPA, FL 33614 US**

Mailing Address  
**P.O. BOX 271506**  
**TAMPA, FL 33688 US**

40029507



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3184150**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEYS, TYRONE P**  
~~4144 NORTH ARMENIA AVENUE~~ **4511 N. Himes**  
**SUITE 195**  
**TAMPA, FL 33614**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	ED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEYS, TYRONE			NAME			
STREET ADDRESS	4511 NORTH ARMENIA AVENUE SUITE 195			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUBLEY, MARTIN A			NAME			
STREET ADDRESS	3820 NORTHDAL BLVD.,STE. 312-B			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUBLEY, DANIEL B			NAME			
STREET ADDRESS	3820 NORTHDAL BLVD.,STE. 312-B			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, CARNELL			NAME			
STREET ADDRESS	ONE TAMPA CITY CENTER			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, SUSAN DR			NAME			
STREET ADDRESS	702 S. FIELDING			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ULM, SCOTT			NAME			
STREET ADDRESS	2966 N. DALE MABRY HWY.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33622			CITY-ST-ZIP			

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:** \_\_\_\_\_ **2/25/07 813-348-5729**

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