

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 024 ****61.25



DOCUMENT # N93000002392
1. Entity Name
ALL SPORTS COMMUNITY SERVICE, INC.

Principal Place of Business Mailing Address
**4511 NORTH HIMES AVENUE
SUITE 195
TAMPA FL 33614
US** **P.O. BOX 271506
TAMPA FL 33688
US**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
4511 N. HIMES AVE, STE 195

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3184150 Not Applicable

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

6. Name and Address of Current Registered Agent
**KEYS, TYRONE P
4511 N HARRIS HIMES AVE.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: T P Keys

2-25-08 813-344 3729