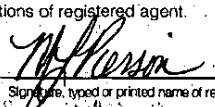
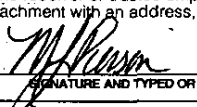


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90007 003 ****70.00

DOCUMENT # N93000005139 1. Entity Name TOWN 'N COUNTRY PACKER YOUTH FOOTBALL, INC.					
Principal Place of Business P.O. BOX 262144 TAMPA, FL 33685-2144			Mailing Address P.O. BOX 262144 TAMPA, FL 33685-2144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, RHONDA 11308 PARTRIDGE DR TAMPA, FL 33625				Name MICHELLE PIERSON Street Address (P.O. Box Number is Not Acceptable) 8722 WATERWAY DRIVE City TAMPA FL 33635	
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 5/27/2004	
Filing Fee is \$61.25 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RHONDA 11308 PARTRIDGE DR TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PIERSON, MICHELLE 8722 WATERWAY DRIVE TAMPA, FL 33635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, DOUGLAS 11308 PARTRIDGE DR. TAMPA, FL 33635	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DOUGLAS 11308 PARTRIDGE DR TAMPA FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERSON, MICHELLE 8722 WATERWAY DRIVE TAMPA, FL 33635	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUEBNER, JAMES 4747 W. WATERS AVE. #2104 TAMPA FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, CHUCK 8586 BRIAR GROVE CIRCLE TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHUCK MCLEOD 1018 E. CRENSHAW ST TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALDEZ, BRIAN 7310 N. ST. VINCENT ST. TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, ANDREA 2310 W. VIRGINIA AVE. TAMPA, FL 33607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTIN, RHONDA 11308 PARTRIDGE DR TAMPA FL 33615	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			MICHELLE L. PIERSON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/27/2004 813-880-9584		
Date			Daytime Phone #		

44046649

