2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
06-14-2004 90007 003 ****70.00

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1. Entity Name
TOWN 'N COUNTRY PACKER YOUTH FOOTBALL, INC.

44046649

Principal Place of Business	Mailing Address
P.O. BOX 262144 TAMPA, FL 33685-2144	P.O. BOX 262144 TAMPA, FL 33685-2144

03272003 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0430014
☐ Applied For
☐ Not Applicable

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

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 Zip Code: 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: M Pierson 5/27/2004
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 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	☒ Change ☐ Addition
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	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIERSON, MICHELLE 8722 WATER WAY DRIVE TAMPA, FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUEBNER, JAMES 4747 W. WATERS AVE #2104 TAMPA FL 33614	☐ Change ☒ Addition
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	☐ Change ☒ Addition
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	☐ Change ☒ Addition

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: M Pierson MICHELLE L. PIERSON 5/27/2004 813-880-9584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #