

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004674

FILED
Apr 29, 2004
Secretary of State

Entity Name: ALL SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

198 NE ELGIN PKWY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2591
SUITE 301J
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3224296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES C C
4 ELEVENTH AVE SUITE 2
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LONG, GARY
Address: PO BOX 548
City-St-Zip: NICEVILLE, FL 32578

Title: 2VP () Delete
Name: WATTS, JOHN
Address: 20 HILL AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S () Delete
Name: SMITH, GENE
Address: 1350 W BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: CHAVEZ, DENNIS
Address: 35008 EMERALD COAST PKWY., STE 301
City-St-Zip: DESTIN, FL 32541

Title: P () Delete
Name: WALLACE, W W
Address: 10221 W EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LONG, GARY
Address: PO BOX 548
City-St-Zip: VALPARAISO, FL 32580

Title: VP (X) Change () Addition
Name: WATTS, JOHN
Address: 20 HILL AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T (X) Change () Addition
Name: SMITH, GENE
Address: 1350 W BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: 2VP (X) Change () Addition
Name: CHAVEZ, DENNIS
Address: 35008 EMERALD COAST PKWY., STE 301
City-St-Zip: DESTIN, FL 32541

Title: S (X) Change () Addition
Name: COUPE, MIKE
Address: 321 BREAM AVE UNIT 304
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LONG

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date