


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # N95000002192 1. Entity Name FRIENDS OF SKATING, T.S.I., INC.	
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Principal Place of Business 5309 29TH ST EAST ELLENTON, FL 34222 US	Mailing Address 4213 CHARING CROSS RD SARASOTA, FL 34241 US
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DO NOT WRITE IN THIS SPACE

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02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0580211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAIGE, CARRIE
4213 CHARING CROSS RD
SARASOTA, FL 34241

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000035570 02/06/04-80024-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAIGE, CARRIE 4213 CHARING CROSS RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPINALE, LINDA 8773 MIDNIGHT PASS RD #5036 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIENKS, BEVERLY 1921 NEPTUNE DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUR, MARIANN 910 S DORAL LN VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carrie Paige 2/03/04 941-350-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #