

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90020 028 \*\*\*\*70.00

**DOCUMENT # N96000003317**

1. Entity Name  
**PALMETTO WRESTLING CLUB, INC.**



Principal Place of Business  
**C/O THOMAS E. KRAUSE ATTORNEY  
9700 S DIXIE HWY SUITE 550  
MIAMI, FL 33156**

Mailing Address  
**C/O THOMAS E. KRAUSE ATTORNEY  
9700 S DIXIE HWY SUITE 550  
MIAMI, FL 33156**

**54004623**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0684278**

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

**KRAUSE, THOMAS E  
9700 S DIXIE HWY #550  
MIAMI, FL 33156**

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

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 May 1, 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 **D** ☐ Delete  
NAME **MCLUSKEY, JON W**  
STREET ADDRESS **TWO DATRAN CTR #1901, 9130 S DADELAND BLVD**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **PHILLIPS, GEORGE**  
STREET ADDRESS **8335 SW 182ND TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SHAPRIO, DANIEL**  
STREET ADDRESS **15351 SW 87TH CT**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FISHER, MILTON**  
STREET ADDRESS **9449 SOUTH OLD DIXIE HWY**  
CITY-ST-ZIP **MIAMI, FL 33156**  
**CHANGE OF ADDRESS**

TITLE **DIRECTOR + TREASURER** ☒ Change ☐ Addition  
NAME **FISHER, MILTON**  
STREET ADDRESS **7520 S.W. 57 AVE SUITE A**  
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **D** ☐ Delete  
NAME **THAYER, ALAN**  
STREET ADDRESS **10382 SW 144TH ST**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Milton G. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-05-04**

Date

**(305) 662-2413**  
Daytime Phone #