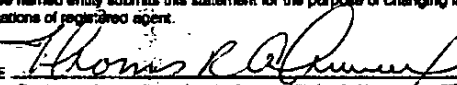


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 016 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000001384			
1. Entity Name FORT MYERS SCORPIONS SOFTBALL, INC.			
Principal Place of Business 19831 ALLAIRE LANE FORT MYERS, FL 33912		Mailing Address 19831 ALLAIRE LANE FORT MYERS, FL 33908 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
33908		33908	
Country		Country	
4. FEI Number 65-0736600		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHWILL, THOMAS R 19831 ALLAIRE LANE FORT MYERS, FL 33912		7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ASHWILL, THOMAS R 19831 ALLAIRE LANE FORT MYERS, FL 33912 ☐ Delete		☐ Change ☐ Addition	
D FARRELL, TAMMY 9009 FRANK ROAD FORT MYERS, FL 33912 ☐ Delete		D Josie, Lynn M 19830 Beaulieu Court Fort Myers, FL 33908 ☐ Change ☒ Addition	
D THIESSE, WILLIAM 18088 HORSESHOE BAY CIRCLE FORT MYERS, FL 33912 ☒ Delete		D Stafford, William P 9880 Pittsburgh Blvd Fort Myers, FL 33912 ☐ Change ☒ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date Daytime Phone #	

40045335

