

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002167

FILED
Apr 25, 2005
Secretary of State

Entity Name: GRIDIRON GANG OF TAVARES, INC.

Current Principal Place of Business:

2770 WOODLEA RD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P O BOX 1662
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3572181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, GREGORY R
11014 RIVERSIDE RD
LEESBURG, FL 34788 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: T () Delete
Name: LEWIS, GREGORY
Address: 11014 RIVERSIDE RD
City-St-Zip: LEESBURG, FL 34788

Title: DP () Delete
Name: HODGES, WILL
Address: 37147 CR 452
City-St-Zip: GRAND ISLAND, FL 32735

Title: VP () Delete
Name: SMITH, RALPH
Address: 812 W. BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: MOSHER, KIM
Address: 3209 CR 44
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BROOKER, JIM
Address: 13011 HAZELNUT LANE
City-St-Zip: ASTATULA, FL 34705

Title: D (X) Delete
Name: GLASS, JIM
Address: 16250 E SHIRLEY SHORES DR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LANE, ROBERT
Address: 2770 WOODLEA ROAD
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY R. LEWIS

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04/25/2005

Electronic Signature of Signing Officer or Director

Date