


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90052 011 ****61.25

DOCUMENT # N97000006818			
1. Entity Name PAXTON, FLORIDA, LITTLE LEAGUE, INC.			
Principal Place of Business 22036 US HIGHWAY 331 N PAXTON, FL		Mailing Address PO BOX 1211 PAXTON, FL 32538	
2. Principal Place of Business 21872 U.S. HWY 331 N.		3. Mailing Address P.O. Box 1211	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PAXTON, FLORIDA		City & State PAXTON, FLORIDA	
Zip 32538	Country WALTON	Zip 32538	Country WALTON



08052004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3441924	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 SANDERS, RICK L 54 COVINGTON ST PAXTON, FL 32538		7. Name and Address of New Registered Agent Name: MICHAEL T. KORLESKI Street Address (P.O. Box Number is Not Acceptable) 20702 U.S. HWY 331 N. City: PAXTON FL Zip Code: 32538	
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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

8-11-04

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, RICK L 54 COVINGTON ST PAXTON, FL 32538 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL T. KORLESKI 20702 U.S. HWY 331 N. PAXTON, FL 32538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORLESKI, MICHAEL 20702 HWY 331 PAXTON, FL 32538 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CYNTHIA KORLESKI 20702 U.S. HWY 331 N. PAXTON, FL 32538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BESS, TAMMY L 21311 SEMINOLE ST LOCKHART, FL 36455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, MARY A 8225 OLD EBENEZER RD LAUREL HILL, FL 32567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-11-04