

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90020 025 ****61.25

DOCUMENT # N98000002818 1. Entity Name JUNIOR EVERBLADES HOCKEY ASSOCIATION, INC.					
Principal Place of Business 11000 EVERBLADES PARKWAY ESTERO, FL 33928 US				Mailing Address 850 PARK SHORE DRIVE 300 NAPLES, FL 34103-2703	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20301 GRANDE OAKS BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 118 PMB#74			
City & State		City & State ESTERO FL			
Zip 33928	Country	Zip 33928	Country	4. FEI Number 65-0855458	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R & A AGENTS INC. PAUL K. HAUERMAN 850 PARK SHORE DRIVE, SUITE 300 NAPLES, FL 34103-3587			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, KENNETH E 102 NE 20TH AVE. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY D CASEY, ROBERT 5327 SW 22ND PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY DT CROWL, DAWN 12825 KENLESTON CIRCLE FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY D HOWARD, MIKE 21193 BRAXFIELD LOOP ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSALA, MARK 21306 BRAXFIELD LOOP ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAIN, MICHAEL 78 SOUTHPORT COVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kenneth E. Miller</u> - KENNETH E. Miller - President 5/16/08 239-340-4979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					