


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-19-2004 90013 036 ****61.25

DOCUMENT # N98000003123		
1. Entity Name PALMETTO BEACH ATHLETIC CLUB, INC.		

Principal Place of Business 2007 STUART STREET TAMPA, FL 33605	Mailing Address 2007 STUART STREET TAMPA, FL 33605
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54063565



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3067812		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
✓ LOELEY, MICHAEL 2007 STUART STREET TAMPA, FL 33605 <i>LOLEY Michael</i>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 BUSTAMONTE, CARLOS 2007 STUART ST TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON JOEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 PATRICIAN PL. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIESTLY, CHAD 2007 STUART STREET TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIPPS, Rodney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2007 STUART STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOONE, KENNETH 2007 STUART STREET TAMPA, FL 33605 <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	D LOFLEY, MICHAEL 2007 STUART ST TAMPA, FL 33605 <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	D THOMPSON, JOEL 7405 PATRICIAN PL. TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEL VALLE ALAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2007 STUART ST TAMPA FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WALLACE 2007 STUART ST TAMPA, FL 33605 <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: *Joel Thompson* **7/15/04** **813-241-2065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #