

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90048 043 \*\*\*\*61.25

DOCUMENT # N98000005785

1. Entity Name  
300 SWIM TEAM, INC.



Principal Place of Business  
3715 NW12TH AVE  
GAINESVILLE, FL 32605

Mailing Address  
620 NW27TH WAY  
GAINESVILLE, FL 32607

64017400



2. Principal Place of Business

3. Mailing Address

02242004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3561519

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MEEGAN  
620 NW 27TH WAY  
GAINESVILLE, FL 32607

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$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 PD  Delete  
NAME ROSENBAUM, WALTER A  
STREET ADDRESS 1521 NW 68 TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  Delete  
NAME WILSON, MEEGAN  
STREET ADDRESS 620 NW 27TH WAY  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME BUEHLER, VICTOR  
STREET ADDRESS 16535 NW 126 CT  
CITY-ST-ZIP REDDICK, FL 32686

TITLE  Change  Addition  
NAME Secretary DS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  Delete  
NAME ENNEKING, VIA  
STREET ADDRESS 1232 NW 36 DR  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Director  
STREET ADDRESS Bill Rodenfels  
CITY-ST-ZIP 829 NW 42nd Terr  
Gainesville, FL 32605

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Meehan Wilson Meehan Wilson - Treasurer 3/5/04 352-373-0023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #