


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 039 ****61.25

DOCUMENT # N98000005785 1. Entity Name 300 SWIM TEAM, INC.	
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Principal Place of Business 3715 NW 12TH AVE. GAINESVILLE, FL 32605	Mailing Address 620 NW 27TH WAY GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3561519	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

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

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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: Megan Wilson DATE: 2/14/06
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, 2006

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBAUM, WALTER A 1521 NW 68 TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MEEGAN 620 NW 27TH WAY GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUEHLER, VICTOR 16535 NW 126 CT REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODENFELS, BILL 829 NW 42ND TERR GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Megan Wilson Date: Feb 14, 2006 Daytime Phone #: 352-373-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR