



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2007 08:00 A
Secretary of State**

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


 02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3561519	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

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

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IN THIS SPACE

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: May 1, 2007.

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

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

DO NOT WRITE
IN THIS SPACE

U00000668570
 03/27/07-80036-011 61.25

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 Meeagan Wilson March 13, 2007 352-373-0023

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