


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-19-2004 90007 037 ****70.00

DOCUMENT # N98000006290 1. Entity Name STUART WRESTLING CLUB, INC.			
Principal Place of Business 6332 S.W. BANKS TERR. PALM CITY, FL 34990		Mailing Address 6332 S.W. BANKS TERR. PALM CITY, FL 34990	
2. Principal Place of Business 1042 SE 14TH ST Suite, Apt. #, etc.		3. Mailing Address 1042 SE 14TH ST. Suite, Apt. #, etc.	
City & State STUART, FL		City & State STUART, FL	
Zip 34996		Country USA	
4. FEI Number 65-0869194		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03052003 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PIASECKI, GUY A 6332 S.W. BANKS TERR. PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name KEVIN S. CRONIN Street Address (P.O. Box Number is Not Acceptable) 1042 SE 14TH ST. City STUART FL Zip Code 34996	
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 <i>Kevin S. Cronin</i>		DATE 5-11-2004	
Filing Fee is \$81.25 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KNAVE, DONALD J 6601 NANTUCKET CT. HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRONIN, KEVIN S. 1042 SE 14TH ST STUART, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MEANS, KAREN 701 S.E. BROWNING AVE. PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HERNDON, SANDY 862 SW KEATS AV PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUIDANI, JENNIFER 248 S.E. ST. LUCIE BLVD., APT. 104 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MUNAO, NATE 2400 LAKERIDGE DR. PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: <i>Kevin S. Cronin</i>		SIGNATURE: <i>KEVIN S. CRONIN</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5-11-2004 Daytime Phone # 772-215-0957	