

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006595

1. Entity Name
TEAM AWESOME, INC.



Principal Place of Business
**15830 CR 675.
PARRISH, FL 34219**

Mailing Address
**P.O. BOX 216
PARRISH, FL 34219**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1075854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASTROMARINO, PAMELA
P.O. BOX 216
PARRISH, FL 34219**

**DO NOT WRITE
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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000299047

04/11/05-80091-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CAROL 15830 CR 675. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROMARCIANO, PAMELA 15830 CR 675. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTLE, JOHN 15830 CR 675. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIER, RAYMOND 15830 CR 675. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILANI, SHAH 15830 CR 675. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Pamela Mastromarino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05
Date

941-776-0970
Daytime Phone #