

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002515

FILED
May 19, 2005
Secretary of State

Entity Name: PEACE RIVER BOXING CLUB, INC.

Current Principal Place of Business:

3300 TAMIAMI TRAIL
SUITE 102-A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3300 TAMIAMI TRAIL
SUITE 102-A
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0914519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYMANS, MICHAEL P
115 W. OLYMPIA AVE.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASPERILLA, MARK M.D.
Address: 287 FIELDS TERR.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: HAYMANS, MICHAEL
Address: 115 W. OLYMPIA
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: HAGER, MARC
Address: 2118 STARLITE LN
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ASPERILLA, MARK M.D.
Address: 4040 LEA MARIE ISALND DR.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK O. ASPERILLA

DIR.

05/19/2005

Electronic Signature of Signing Officer or Director

Date