

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000030438

1. Entity Name  
D & D SPORTS CONCEPTS, INC.



**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90084 042 \*\*\*150.00

Principal Place of Business  
313 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880

Mailing Address  
313 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880

2. Principal Place of Business

300 CYPRESS GARDEN BLVD  
Suite, Apt. #, etc.

3. Mailing Address

300 C. G. BLVD  
Suite, Apt. #, etc.



01062004

Chg-P

CR2E034 (10/03)

City & State  
W. HAVEN, FL

City & State  
W. HAVEN FL

4. FEI Number  
59-3690598

Applied For  
Not Applicable

Zip  
33880

Country  
FL

Zip  
33880

Country  
FL

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

## 6. Name and Address of Current Registered Agent

RAFOOL, RAYMOND J II  
1519 THIRD STREET S.E.  
WINTER HAVEN, FL 33880

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DELEO, LOUIS V  
STREET ADDRESS 313 CYPRESS GARDENS BOULEVARD  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Louis V. Deleo*

LOUIS V. DELEO 4-10-4 863-292944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #