

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056536

Entity Name: BRUSPORTS, INC.

FILED  
Jan 08, 2004  
Secretary of State

## Current Principal Place of Business:

10600 COPPER LAKE DR.  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

## Current Mailing Address:

10600 COPPER LAKE DR.  
BONITA SPRINGS, FL 34135

## New Mailing Address:

FEI Number: 31-1165615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUCE, EARLE D  
10600 COPPER LAKE DR.  
BONITA SPRINGS, FL 34135 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRUCE, EARLE D  
Address: 10600 COPPER LAKE DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: BRUCE, JEAN A  
Address: 10600 COPPER LANE DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: BRUCE, MICHELE D  
Address: 4325 JENNYDAWN PLACE  
City-St-Zip: COLUMBUS, OH 43026

Title: DIR. ( ) Delete  
Name: BELL, AIMEE S  
Address: 3327 HIGHLAND FORGE TRAIL  
City-St-Zip: DACULA, GA 30019

Title: DIR. ( ) Delete  
Name: SMITH, LYNN A  
Address: 6406 NEWGRANGE DRIVE  
City-St-Zip: DUBLIN, OH 43016

Title: T ( ) Delete  
Name: BRUCE, NOEL S  
Address: 17315 MADISON AVE. APT. 10  
City-St-Zip: LAKEWOOD, OH 44107

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN A. BRUCE

VP

01/08/2004

Electronic Signature of Signing Officer or Director

Date