

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90246 027 \*\*\*150.00

**DOCUMENT # P00000094251**

1. Entity Name  
**FLORIDA XTREME BASEBALL, INC.**



Principal Place of Business  
**2921 S ORLANDO DRIVE  
SUITE 230  
SANFORD, FL 32773**

Mailing Address  
**2921 S. ORLANDO DRIVE  
SANFORD, FL 32773  
1271 Belle Avenue  
Winter Springs, FL 32708**

00001891



05062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3676139**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAZELETT, TERRY D**  
**2921 S. ORLANDO DRIVE** **1271 Belle Ave.**  
**SUITE 230** **Winter Springs, FL**  
**SANFORD, FL 32773** **32708**

**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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HAZELETT, TERRY D
STREET ADDRESS	2921 S. ORLANDO DRIVE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	VSTD
NAME	DEVOE-HAZELETT, DENISE
STREET ADDRESS	2921 S. ORLANDO DRIVE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	HAZELETT, SHEA H
STREET ADDRESS	2921 S. ORLANDO DRIVE, SUITE 230
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	DIANDRA, DEVOE-HAZELETT
STREET ADDRESS	2921 S. ORLANDO DRIVE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/05/05 4073120018