

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90018 020 ***150.00

DOCUMENT # P00000113412

1. Entity Name
SOUTH FLORIDA GYMNASTICS & CHEERLEADING, INC.



Principal Place of Business
3101-B CORTEZ ROAD WEST
BRADENTON, FL 34207

Mailing Address
2955 HARTLEY ROAD
SUITE 204
JACKSONVILLE, FL 32257

44015101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3684638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PURVIS, JAY
1717 CR 220, APT 2606
ORANGE PARK, FL 32003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PURVIS, JAY
~~171 CR 220, APT 2606~~
~~ORANGE PARK, FL 32003~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1717 CR 220, Apt 2606
Orange Park, FL 32003

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KELLY, CRAIG
3967 BRAMPTON ISLAND CT-S
JACKSONVILLE, FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3967 Brampton Island Ct, S
Jacksonville, FL 32246

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 687, 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:

David Craig Kelly President
David Craig Kelly 3/15/04 904 221-5544
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR