


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90446 025 \*\*\*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
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40070976



2. Principal Place of Business <b>1826 60TH PLACE EAST</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04222005 Chg-P CR2E034 (10/03)

City & State <b>BRADENTON, FL</b>	City & State
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4. FEI Number 59-3684638	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34203</b>	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PURVIS, JAY 1717 CR 220, APT 2606 ORANGE PARK, FL 32003	
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Name
Street Address (P.O. Box Number is Not Acceptable) <b>2681 COUNTRYSIDE DR.</b>
City <b>ORANGE PARK</b> FL Zip Code <b>32003</b>

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PURVIS, JAY 1717 CR 220, APT 2606 ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2681 COUNTRYSIDE DR.</b> <b>ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP KELLY, CRAIG 3967 BRAMPTON ISLAND CT. S JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Harmon C. Kelly</u>	Date <u>4-25-05</u>	Daytime Phone #
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