

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000081632

1. Entity Name  
B & L SPORTS MEMORABILIA, INC



Principal Place of Business  
5296 KIRKWOOD AVE  
SPRING HILL, FL 34608

Mailing Address  
8566 FOREST OAKS BOULEVARD  
SPRING HILL, FL 34606

FILED  
04 JUN -9 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
9409 US 19

3. Mailing Address  
9409 5296 Kirkwood

Suite, Apt. #, etc.  
Port Richey, FL

Suite, Apt. #, etc.  
Spring Hill

03142003 Chg-P CR2E034 (10/03)

City & State  
FL 3

City & State  
FL

4. FEI Number  
59-3755950

Applied For  
Not Applicable

Zip  
34668

Country  
USA

Zip  
34608

Country  
USA

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

## 6. Name and Address of Current Registered Agent

FINGER, BARRY  
5296 KIRKWOOD AVENUE  
SPRING HILL, FL 34608

## 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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
FINGER, BARRY  
5296 KIRKWOOD AVE  
SPRING HILL, FL 34608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
FINGER, LORI  
5296 Kirkwood  
Spring Hill, FL 34608 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
Finger, Lori  
5296 Kirkwood Ave  
Spring Hill, FL 34608 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400037995054  
06/16/04--01009--007 \*\*70.00 ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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 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

6/5/04

Date

352-216-7061

Daytime Phone #