

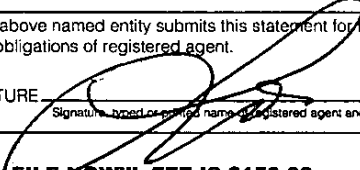



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90161 016 ***150.00

DOCUMENT # P02000005790					
1. Entity Name SOUTH TAMPA ATHLETIC RECREATIONAL SPORTS, INC.					
Principal Place of Business 5400 S. WESTSHORE TAMPA, FL 33611			Mailing Address 5400 S. WESTSHORE TAMPA, FL 33611		
2. Principal Place of Business 4921 S. Lois Ave Suite, Apt. # etc. # A		3. Mailing Address Same			
City & State Tampa, FL		City & State Florida		4. FEI Number 01-0596394	
Zip 33611		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, KRISTOPHER E 307 SOUTH BLVD., SUITE D TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Lori Moses Street Address (P.O. Box Number is Not Acceptable) 2708 Mock Orange City Valrico FL Zip Code 33594		
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  Lori Moses, Treasurer 4/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SCHULZ, RICHARD 3615 BELCHER DR. TAMPA, FL 33629	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, THOMAS M 2708 MOCK ORANGE CT. VALRICO, FL 33594	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, LORI 2708 MOCK ORANGE VALRICO, FL 33594	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRO, JOE 5720 1ST ST. TAMPA, FL 33613	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, KRISTOPHER E 3922 W. TACON ST. TAMPA, FL 33629	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<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: 		4/7/05 813-837-1842 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					