

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005790

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: SOUTH TAMPA ATHLETIC RECREATIONAL SPORTS, INC.

## Current Principal Place of Business:

4921 S LOIS AVE  
#A  
TAMPA, FL 33611

## New Principal Place of Business:

## Current Mailing Address:

4921 S LOIS AVE  
#A  
TAMPA, FL 33611

## New Mailing Address:

FEI Number: 01-0596394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSES, LORI  
2708 MOCK ORANGE  
VALRICO, FL 33594      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHULZ, RICHARD  
Address: 3615 BELCHER DR.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: MOSES, THOMAS M  
Address: 2708 MOCK ORANGE CT.  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: MOSES, LORI  
Address: 2708 MOCK ORANGE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: PIETRO, JOE  
Address: 5720 1ST ST.  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: FERNANDEZ, KRISTOPHER E  
Address: 3922 W. TACON ST.  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI MOSES

D

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date