


2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 018 ***158.75

DOCUMENT # P02000010088	
1. Entity Name BOARD SPORTS MANAGEMENT, INC.	

Principal Place of Business 2075 N HWY A1A INDIALANTIC FL 32903	Mailing Address 2075 N HWY A1A INDIALANTIC FL 32903
<i>Note: New addresses</i>	

2. Principal Place of Business 466 St Lucia Ct.	3. Mailing Address P.O. Box 33100
Suite, Apt. #, etc. Satellite Beach, Fla.	Suite, Apt. #, etc.

City & State City & State Indianantic, Fla.	City & State Indianantic, Fla.
Zip 32937	Country USA
Zip 32903	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent VARMES, GARRY MITCHELL 2075 N HWY A1A INDIALANTIC FL 32903	
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]* DATE **2/16/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P VAMES, G. MITCHELL JR 2075 N HWY A1A INDIALANTIC FL 32903 <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
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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: *[Signature]* DATE **2/16/04** 321-777-9935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR