

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90558 022 ***150.00

DOCUMENT # P02000019377

1. Entity Name
SPORTRAP, INC.



Principal Place of Business
**4203 JAMES ST.
PORT CHARLOTTE, FL 33980**

Mailing Address
**4203 JAMES ST.
PORT CHARLOTTE, FL 33980**

20035979



2. Principal Place of Business

3. Mailing Address

4203 James Street
3374 Yukon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-P CR2E034 (10/03)

City & State

City & State

Port Charlotte, FL

4. FEI Number

42-1533403

Applied For

Not Applicable

Zip

Country

Zip

Country

33980

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEEN, BRIAN P
4203 JAMES ST.
PORT CHARLOTTE, FL 33980**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
KEEN, BRIAN P
2058 BROAD RANCH DR.
PORT CHARLOTTE, FL 33948**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEEN, ROBERT L
3374 YUKON DR
PORT CHARLOTTE, FL 33948**

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

TITLE
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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

4-14-05

Date

941-629-7275

Daytime Phone #