

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031148

**FILED**  
**Jun 16, 2005**  
**Secretary of State**

**Entity Name:** TODD KRESS FLORIDA STATE VOLLEYBALL CAMPS INC.

**Current Principal Place of Business:**

FLORIDA STATE VOLLEYBALL  
100 TULLY GYM  
TALLAHASSEE, FL 32306

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2585  
TALLAHASSEE, FL 32316

**New Mailing Address:**

**FEI Number:** 71-0944212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KRESS, TODD J  
FLORIDA STATE VOLLEYBALL  
100 TULLY GYM  
TALLAHASSEE, FL 32306 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FRYE, KRISTIN A  
Address: 1000 HIGH RD.  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: FRYE, KRISTIN A  
Address: 2762 PECAN RD.  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTIN FRYE

MS.

06/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date