

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078080

1. Entity Name

VARSITY STARZ FUNDRAISING, INC.



Principal Place of Business

**11277 54TH AVE NORTH
ST PETERSBURG, FL 33708**

Mailing Address

**11277 54TH AVE NORTH
ST PETERSBURG, FL 33708**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0552587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

**HUNT, CLIFFORD J
C/O BECKER & POLIAKOFF, P.A.
401 E JACKSON ST SUITE 2400
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRY, TERESA A
STREET ADDRESS	11277 54TH AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708

TITLE	VP
NAME	TOSCANO, MICHON R
STREET ADDRESS	11277 54TH AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708

TITLE	VP
NAME	FRY, MICHAEL J
STREET ADDRESS	48-EDIN BURG RD.
CITY-ST-ZIP	TRENTON, NJ 08619

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/06-80075-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2-1-06

Date

1-800-297-3191

Daytime Phone #