


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90036 044 \*\*\*150.00

<b>DOCUMENT # P02000078080</b>	
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
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**DO NOT WRITE IN THIS SPACE**

40019107



01072008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

*8200 SEMINOLE BLVD  
SEMINOLE, FL 33772*

**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 *Clifford J Hunt* DATE *Jan. 29/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRY, TERESA A 11277 54TH AVE. N. SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOSCANO, MICHON R 11277 54TH AVE. N. SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRY, MICHAEL J 40 EDINBURG RD. IRENTON, NJ 08640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4 KINGSLEY COURT EAST WINDSOR, NJ 08520</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Teresa A. Fry* TERESA A. FRY 2-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #