2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000118380

Entity Name: QUAD CITIES DUGOUT, INC.

Current Principal Place of Business:

19303 PINE GLEN DRIVE
FORT MYERS, FL 33912 US

New Principal Place of Business:

7600 ALICO ROAD #4
FORT MYERS, FL 33912 US

Current Mailing Address:

19303 PINE GLEN DRIVE
FORT MYERS, FL 33912 US

New Mailing Address:

7600 ALICO ROAD #4
FORT MYERS, FL 33912 US

FEI Number: 01-0752207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, ROB
19303 PINE GLEN DRIVE
FORT MYERS, FL 33912 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACK, ROB
Address: 19303 PINE GLEN DR
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete
Name: WHITCOMB, STEVE
Address: 19303 PINE GLEN DR
City-St-Zip: FORT MYERS, FL 33912

Title: S ( ) Delete
Name: BLACK, ROB
Address: 19303 PINE GLEN DR
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete
Name: WHITCOMB, STEVE
Address: 19303 PINE GLEN DR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WHITCOMB, STEVE
Address: 7600 ALICO ROAD #4
City-St-Zip: FORT MYERS, FL 33912

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: STEVE WHITCOMB T 04/29/2004
Electronic Signature of Signing Officer or Director Date