

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90294 026 ***150.00

DOCUMENT # P03000016917					
1. Entity Name ATHLETIC CHEER ENTERPRISES, INC.					
Principal Place of Business 5400 S WESTSHORE BLVD 4921 S. Lois TAMPA, FL 33611			Mailing Address 5400 S WESTSHORE BLVD 4921 S. Lois TAMPA, FL 33611		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04262005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 20-0021767	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, KRISTOPHER E ESQ 307 S BLVD, STE D TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: <u>Lori Moses</u> Street Address (P.O. Box Number is Not Acceptable): <u>2708 Mock Orange Ct</u> City: <u>Valrico</u> FL Zip Code: <u>33594</u>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE: <u>4/26/05</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME SCHULZ, RICHARD STREET ADDRESS 5400 S WESTSHORE BLVD 3615 Belcher CITY-ST-ZIP TAMPA, FL 33611 33629	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME PIETRO, JOE STREET ADDRESS 5400 S WESTSHORE BLVD 4921 S. Lois CITY-ST-ZIP TAMPA, FL 33611	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME MOSES, LORI STREET ADDRESS 5400 S WESTSHORE BLVD 2708 Mock Orange Ct CITY-ST-ZIP TAMPA, FL 33611 Valrico - FL 33594	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME FERNANDEZ, KRISTOPHER E STREET ADDRESS 5400 S WESTSHORE BLVD 307 S. Blvd #D CITY-ST-ZIP TAMPA, FL 33611 33606	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/05</u> Daytime Phone #: <u>813-837-1842</u>		