

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000027389

1. Entity Name
CHAMPION ATHLETIC CENTER, INC.



Principal Place of Business
**2054 PLATINUM RD
APOPKA, FL 32703**

Mailing Address
**400 BUTTONWOOD COURT
LONGWOOD, FL 32779**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3679457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000902904
04/30/08-80024-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAZLERIG, BENJAMIN L
STREET ADDRESS	400 BUTTONWOOD COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VSD
NAME	HAZLERIG, AMY J
STREET ADDRESS	400 BUTTONWOOD COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	DOLE, BETHANY D
STREET ADDRESS	483 VIA TUSCANY LP
CITY-ST-ZIP	LAKE MARY, FL 32746
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: Amy Hazlerig **Amy HAZLERIG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08
Date

(321) 439-7381
Daytime Phone #