

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000032787

1. Entity Name
SPORTS-A-RAMA, INC.



Principal Place of Business
**GARY S. EDINGER
305 NE 1 ST
GAINESVILLE, FL 32601**

Mailing Address
**GARY S. EDINGER
305 NE 1 ST
GAINESVILLE, FL 32601**



06022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1686747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDINGER, GARY S
GARY S. EDINGER
305 NE 1 ST
GAINESVILLE, FL 32601**

**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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, CHRIS
STREET ADDRESS 9050 NW 127 PL
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE D
NAME BROWN, TAMMY
STREET ADDRESS 9050 NW 127 PL
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE D
NAME BROWN, STACEY
STREET ADDRESS 9050 NW 127 PL
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000369231
06/08/05-80005-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05 352 948-0379
Date Daytime Phone #