

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 002 ***158.75

DOCUMENT # P03000087948

1. Entity Name
THE BASEBALL ACADEMY AT ROLLINS, INC.



Principal Place of Business
**722 GLADWIN AVENUE
FERN PARK, FL 32730**

Mailing Address
**722 GLADWIN AVENUE
FERN PARK, FL 32730**

94073949



2. Principal Place of Business
2650 Jennifer Hope Blvd
Suite, Apt. #, etc.

3. Mailing Address
2650 Jennifer Hope Blvd
Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State
Longwood FL
Zip
32779
Country
USA

City & State
Longwood FL
Zip
32779
Country
USA

4. FEI Number
01-079-4228
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIDGES, MIKE
6962 ALOMA AVENUE
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Rob Sitz** **4-26-04**
Signature, typed or printed name of registered agent and tax ID, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **P SITZ, ROB** ☐ Delete
STREET ADDRESS **2650 JENNIFER HOPE BLVD.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE
NAME **P SCOTT, KEVIN** ☒ Delete
STREET ADDRESS **722 GLADWIN AVENUE**
CITY-ST-ZIP **FERN PARK, FL 32730**

TITLE
NAME **[REDACTED]** ☐ Delete
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Delete
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Delete
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Delete
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **[REDACTED]** ☐ Change ☐ Addition
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Change ☐ Addition
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **Vice President (V)** ☐ Change ☒ Addition
STREET ADDRESS **Justin Varitek**
CITY-ST-ZIP **321 Cypress Landing drive Longwood, FL 32779**

TITLE
NAME **[REDACTED]** ☐ Change ☐ Addition
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Change ☐ Addition
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE
NAME **[REDACTED]** ☐ Change ☐ Addition
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

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: **Rob Sitz** **4-26-04** **407-694-6511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #