

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90016 036 \*\*\*150.00

**DOCUMENT # P03000093666**

1. Entity Name  
PITCH RIGHT, INC.



Principal Place of Business

4141 BURNS RD  
PALM BCH GARDENS, FL 33418

Mailing Address

4141 BURNS RD  
PALM BCH GARDENS, FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162004

Chg-P

CR2E034 (10/03)

4. FEI Number

42-1603927

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BCH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name CLAY S. HARROW  
Street Address (P.O. Box Number is Not Acceptable)  
4141 BURNS ROAD  
City PALM BEACH GARDENS FL Zip Code 33410

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)

2/16/04  
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 ☐ Delete  
NAME D  
STREET ADDRESS BOCHTLER, DOUGLAS  
CITY-ST-ZIP 4141 BURNS RD  
PALM BCH GARDENS, FL 33418

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BERGMAN, SEAN F  
CITY-ST-ZIP 4141 BURNS RD  
PALM BCH GARDENS, FL 33418

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARROW, CLAY S  
CITY-ST-ZIP 4141 BURNS RD  
PALM BCH GARDENS, FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04  
Date

561.630.4321  
Daytime Phone #