2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157573

1. Entity Name
CRS SPORTS, INC.

Principal Place of Business	Mailing Address
2409 LEGACY LAKE DRIVE	2409 LEGACY LAKE DRIVE
MAITLAND, FL 32751	MAITLAND, FL 32751

04292005　　Chg-P　　CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10901 Burnt Mill Road	*10901 Burnt Mill Road*
Suite, Apt. #, etc. *#104*	Suite, Apt. #, etc. *#104*
City & State *Jacksonville, FL*	City & State *Jacksonville, FL*
Zip *32256* Country *USA*	Zip *32256* Country *USA*

4. FEI Number *200573269*
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEIBOLD, CHARLES R III	Name
2409 LEGACY LAKE DRIVE	Street Address (P.O. Box Number is Not Acceptable)
MAITLAND, FL 32751	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_____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SEIBOLD, CHARLES R III		NAME	
STREET ADDRESS 2409 LEGACY LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Charles R. Seibold, III*　　*4-26-05*　*(407)923-1184*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #