2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068989

Entity Name: USF VOLLEYBALL INC.

Address:

City-St-Zip:

3212 W. SAN MIGUEL ST.

TAMPA, FL 33629

FILED Apr 29, 2005 Secretary of State

Littly Nu	me. Oor Volletball INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4202 E. FO TAMPA, F	OWLER AVE. SUN 141 L 33620			
Current Mailing Address:		New Mailing Address	: :	
4202 E. F TAMPA, F	OWLER AVE. SUN 141 L 33620			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address o	Name and Address of New Registered Agent:	
A1A REGI 92 SADBE QUINCY,				
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LESSINGER, CLAIRE 4212 LEONA ST. TAMPA, FL 33629	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete SHADE. NICOLE	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE SHADE D 04/29/2005