

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000087083**

1. Entity Name

**NORTH FLORIDA SOCCER ACADEMY, INC.**



Principal Place of Business

**2583 COUNTRY SIDE DR  
ORANGE PARK, FL 32003**

Mailing Address

**2583 COUNTRY SIDE DR  
ORANGE PARK, FL 32003**

**DO NOT WRITE IN THIS SPACE**



04232006 No Chg P CRZE034 (11/05)

4. FEI Number

**20-1199784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PICKETT, MICHAEL  
2583 COUNTRY SIDE DRIVE  
ORANGE PARK, FL 32003**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
STREET ADDRESS  
CITY ST ZIP  
**PTSD  
PICKETT, MICHAEL  
2583 COUNTRY SIDE DRIVE  
ORANGE PARK, FL 32003**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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NAME  
STREET ADDRESS  
CITY ST ZIP

U00000534689  
05/08/06-80022-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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:

*Michael Pickett*

SIGNATURE AND TYPED NAME FULLY FILLED UP SIGNING OFFICER OR DIRECTOR

4/23/06

904-707-7191