


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90111 018 \*\*\*158.75

<b>DOCUMENT # P04000112216</b> 1. Entity Name <b>THE SPIRITED ATHLETE, INC.</b>																													
Principal Place of Business <b>2557 PALMETTO AVE. SANFORD FL 32773</b>			Mailing Address <b>2557 PALMETTO AVE. SANFORD FL 32773</b>																										
2. Principal Place of Business Suite, Apt. #, etc. <i>Same as</i> City & State <i>ABOVE</i> Zip Country			3. Mailing Address Suite, Apt. #, etc. <i>Same as</i> City & State <i>ABOVE</i> Zip Country																										
4. FEI Number <b>54 2157469</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/04)																									
6. Name and Address of Current Registered Agent  <b>KNIGHT, DONALYN 2557 PALMETTO AVE. SANFORD FL 32773</b>				7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KNIGHT, DONALYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2557 PALMETTO AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SANFORD FL 32773</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	KNIGHT, DONALYN		STREET ADDRESS	2557 PALMETTO AVE.		CITY - ST - ZIP	SANFORD FL 32773		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:**

*Donalyn P. Knight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/05* *407-321-0160*  
Date Daytime Phone #