

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120986

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BARDMOOR AQUATIC TEAM, INC.

## Current Principal Place of Business:

8461 JACARANDA AVE N  
SEMINOLE, FL 33777

## New Principal Place of Business:

## Current Mailing Address:

8461 JACARANDA AVE N  
SEMINOLE, FL 33777

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, BRUCE  
100 FIRST AVE SOUTH SUITE 500  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MILLER, GERRY  
Address: 10648 BARDES CT  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: CALDWELL, KAY  
Address: 10566 INDIAN HILL CT  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: TOMLIN, LESLIE  
Address: 8461 JACARANDA AVE N  
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete  
Name: BOUCHER, BECKY  
Address: 6388 93RD TERR N #4061  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete  
Name: KRETSCHMAR, PATTY  
Address: 8601 MEADOW BROOK DR  
City-St-Zip: LARGO, FL 33777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: LESLIE TOMLIN

D

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date