

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120986

FILED
Feb 11, 2006
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:

10648 BARDES CT.
LARGO, FL 33777

Current Mailing Address:

8461 JACARANDA AVE N
SEMINOLE, FL 33777

New Mailing Address:

10648 BARDES CT.
LARGO, FL 33777

FEI Number: 90-0241666

FEI Number Applied For ()

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 Chapter 119, 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: PATTY KRETSCHMAR

D

02/11/2006

Electronic Signature of Signing Officer or Director

_____ Date