

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120986

FILED
Apr 30, 2007
Secretary of State

Entity Name: BARDMOOR AQUATIC TEAM, INC.

Current Principal Place of Business:

10648 BARDES CT.
LARGO, FL 33777

New Principal Place of Business:

9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782

Current Mailing Address:

10648 BARDES CT.
LARGO, FL 33777

New Mailing Address:

9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782

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:

SLOCKETT, PRISCILLA D MRS
9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782 US

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: PRISCILLA SLOCKETT

04/30/2007

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 (X) 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: D (X) Change () Addition
Name: SLOCKETT, PRISCILLA D
Address: 9426 BEACHBERRY PLACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: D (X) Change () Addition
Name: AZAR, LUGENE
Address: 11776 106TH AVE N
City-St-Zip: SEMINOLE, FL 33778

Title: D (X) Change () Addition
Name: KODA, SHELLY
Address: 9984 LAKE SEMINOLE DR W
City-St-Zip: SEMINOLE, FL 33773

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

I hereby certify that the information supplied with this filing does not qualify 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: OFF. PRISCILLA SLOCKETT

MRS

04/30/2007

Electronic Signature of Signing Officer or Director

Date