

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120986

Entity Name: BARDMOOR AQUATIC TEAM, INC.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 90-0241666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOCKETT, PRISCILLA D MRS
9426 BEACHBERRY PLACE
PINELLAS PARK, FL 33782 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 37777

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLER, GERRY MR
Address: 10648 BARDES CT
City-St-Zip: LARGO, FL 37777

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

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

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: PRISCILLA D. SLOCKETT

D

02/27/2008

Electronic Signature of Signing Officer or Director

Date