

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

, ANNUAL REPURT										F!	<u> </u>					
DOCUMENT # P04000136515  1. Entity Name FAMILY FUN AND SPORTS OF PALATKA, INC.										JUL 20	P:: 3: 1					
Principal Place of Business Mailing Address									1744							
161 TOWN AND COUNTRY DRIVE PALATKA, FL 32177				161 TOWN AND COUNTRY DRIVE PALATKA, FL 32177				TEOTIOE2 111		61815	1 \$1101 (100) 11	11EE   11 10C)				
2. Principal Place of Business				3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07012005	Chg-P	CR2E03	4 (10/03)					
City & State				City & State					4. FEI Number 20-1	738524			oplied For ot Applicable			
Zip Country			Zip				Conificate of Status Desired									
6. Name and Address of Current Registered Agent Name									/. Name and /	Address of New F	legisterea A	geni	<del></del>			
LONG, GARY W 7285 SE 27TH TERRACE BUSHNELL, FL 33513							Street Address (P.O. Box Number is Not Acceptable)									
							City				FL	Zip Cod	ı;			
	named entiti ions of regist			r the purpo	se of changing its	registere	ed office or (	register	ed agent, or bolt	i, in the State of Fi	onga Tamita	outar with	and accept			
SIGNATURE_	Signature based	or ordeted on	me of registered agent i	and the if engin	-ahia (NO)	F: Recorders	1 Acent sicoutus	e secured	when reinstating)		DATE					
	SQ-EIGH, IJPHO		THE CHARGE STATE	a c me i eppe		C uchema	) võeu sibatin	+ 14400 AC	Auto (energy 2.6)							
FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.							ncing		00 May Be ad to Fees	In accordance corporation did	with s. 607. not receive	193(2)(b), the prior i	F.S., the notice.			
10.			OFFICERS AND	DIRECTOR	rs .	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11			
ILLTE	D				Deleta	IIILE		Pı	res/Treas	surer		Chan <b>ge</b>	XX Addition			
NAME STREET ADDRESS	LONG, GARY W s 7285 SE 27TH TERRACE						ET ADDRESS									
CITY-ST-ZIP	BUSHNE						S1-2 <del>1</del> P									
TITLE					☐ Delete	TITLE		VI	P/Sec			🔲 Ələnya	X Addition			
HAME	, AA								mith, Tho	omas J						
STREET ADDRESS CITY-ST-ZIP							ET ADORESS SI-ZIP		P.O. Box 574							
IITLE					☐ Deleta	titus		S	an Mateo,	F1 3218		Change	Addition			
NAME	1				C) Dates	NAM	1					Unange				
STREET ADDRESS	<u> </u>						ET ADDRESS						1			
CITY-ST-ZIP						_	· ST - ZTP		<del></del>			-	<u></u>			
IITLE HAME					C Delete	TITLE						Change	Auusius [			
STREET ADDRESS							E) ADORESS									
CITY-ST-ZIP						CITY	-\$1-ZIP									
TITLE					☐ Delete	TITLE				_		Change	Addition			
NAME STREET ADDRESS	ł					NAM!	E 223ROCA TS						Ì			
CITY-ST-ZIP	j						-SI-ZIP									
TITLE	1				☐ Debete	TITLE	<del></del>					☐ Change	Addition			
NAME						KAAC										
STREET ADDRESS							ET ADDRESS						]			
CITY-ST-ZIP	eastitus the exist		Non gun-tir 4	this CT	door not access of	_4	-SI-ZIP	ud in Mi	nion 110 67/01**	Clasida Cras se	1 hades - "	L. short of the	-10			
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 of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director																
indicated	l on this repo	7	w no in minor 48	of the corporation or the receiver or trustee ampowered 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 addisse, with all other like empowered.												
indicated of the cor	l on this repo rperation or ti	he/ecelve	ar or trustee a∏npo	owered to e	execute this report	as requi	FO DY CHAL	3161 001	, Pionua Statutes	, and that my main	e appears in	Block 10 ox	I BROCK FILL			
indicated of the cor changed,	on this reportion or ti poration or ti , or on an atta	he/ecelve	ar or trustee a∏npo	owered to e	execute this report	as requi	1.	ากล	, Pixiloa Statutes	_1.1		Block 10 ox	r BIOCR I I II			
indicated of the cor	on this reportion or ti poration or ti , or on an atta	he/ecelve aghment i	ar or trustee a∏npo	owered to e with all othe	execute this report	-, W	· Lo		, Pixiloa Statutes	7/1/05	5	Sinck 10 ox	BOCK IIII			