

FEB-26-2007 22:08

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Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 048 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059490		
1. Entity Name SPORTS AND FIELD, INC.		
Principal Place of Business 2029 ARROWGRASS DRIVE WESLEY CHAPEL, FL 33543		Mailing Address 2029 ARROWGRASS DRIVE WESLEY CHAPEL, FL 33543
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'ROURKE, COLLEEN 4805 W LAUREL STREET SUITE 230 TAMPA, FL 33607		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, if not of person name of registered agent and not if applicable. (If not registered agent signature required when filing.) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVTC OKAWA, TATSUYA 2029 ARROWGRASS DRIVE WESLEY CHAPEL, FL 33543	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DON NOMURA ENGEL 2029 ARROWGRASS DRIVE WESLEY CHAPEL, FL 33543	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information provided on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.		
SIGNATURE: <u>Okawa Tatsuya</u> <u>Tatsuya</u> <u>Don</u> <u>29 Feb 07</u> <u>813-948-5710</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #		

TOTAL P.02