

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90039 022 \*\*\*150.00

40101323



08032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000147602</b> 1. Entity Name HIT AND RUN BASEBALL, INC					
Principal Place of Business 111 CENTRAL PARK PL SANFORD, FL 32771			Mailing Address 8194 EMERALD FOREST CT SANFORD, FL 32771		
2. Principal Place of Business 115 Central Park Pl Suite, Apt. #, etc.		3. Mailing Address 115 Central Park Pl Suite, Apt. #, etc.			
City & State Sanford FL		City & State Sanford FL		4. FEI Number 20-3739053	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JACKSON, MICHAEL T 5246 NW 110 AVE CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent Name Michael T Jackson Street Address (P.O. Box Number is Not Acceptable) 6726 Waterstone CT City Sanford FL Zip Code 32771	
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 <i>X Michael T Jackson</i> MICHAEL T. JACKSON 407 330 1846 X 8/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, MICHAEL T 5246 NW 110 AVE CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres 6726 Waterstone CT Sanford FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEETERS, DAREN D 8194 EMERALD FOREST CT SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: <i>X Michael T Jackson</i> MICHAEL T. JACKSON X 8/7/06 X 407 330 1846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					