## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000040611

Name:

Address:

City-St-Zip:

Entity Name: LEBRON'S BASEBALL DEPOT. INC

FILED Jan 16, 2009 Secretary of State

Entity Na	me: LEBRON	S BASEBALL DEPOT, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	EWATER DR D, FL 32810					
Current Mailing Address:			New Mailing Address:			
	'AL TERN ST. D, FL 32810					
FEI Number	: 20-4550842	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status De	sired ( )
Name and	d Address of C	Current Registered Agent:	Name and	Address of N	ew Registered Ager	ıt:
	EVELYN AL TERN ST. D, FL 32810	US				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered age	ent, or both,
SIGNATU	RE:					
	Electror	ic Signature of Registered Aç	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD ( ) LEBRON, EVEI 6306 ROYAL T ORLANDO, FL	ERN ST.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) LEBRON, ADEI 6306 ROYAL T ORLANDO, FL	ERN ST.	Title: Name: Address: City-St-Zip:	D (X) LEBRON, ADEL: 6306 ROYAL TE ORLANDO, FL (	RN ST.	
Title: Name: Address: City-St-Zip:	VP ( ) MERCADO, JO 6306 ROYAL ORLANDO, FL	TERN ST	Title: Name: Address: City-St-Zip:	D (X) MERCADO, JOS 6306 ROYAL T ORLANDO, FL (	ERN ST	
Title:	( )	Delete	Title:	VP ()	Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

LEBRON, RUDEN A

6306 ROYAL TERN ST

ORLANDO, FL 32810

SIGNATURE: EVELYN LEBRON P 01/16/2009