

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083552

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** VONDOLTEREN SPORTS ENTERPRISES INC.

**Current Principal Place of Business:**

1581 E. WINDY WILLOW DRIVE  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

1581 E. WINDY WILLOW DRIVE  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

**FEI Number:** 16-1765086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VONDOLTEREN, ANTHONY J  
1581 E. WINDY WILLOW DRIVE  
ST. AUGUSTINE, FL 32092 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

**OFFICERS AND DIRECTORS:**

**Title:** P/V/P  
**Name:** VONDOLTEREN, ANTHONY J  
**Address:** 1581 E. WINDY WILLOW DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 US

**Title:** S/T  
**Name:** VONDOLTEREN, ANTHONY J  
**Address:** 1581 E. WINDY WILLOW DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 US

**Title:** D  
**Name:** VONDOLTEREN, ANTHONY J  
**Address:** 1581 E. WINDY WILLOW DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

**SIGNATURE:** ANTHONY J. VONDOLTEREN

MR.

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date