


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90236 025 ***150.00

DOCUMENT # P06000100305

1. Entity Name
GATORBALL BASEBALL ACADEMY, INC.



Principal Place of Business
**12100 SW 96TH STREET
 MIAMI, FL 33186**

Mailing Address
**12100 SW 96TH STREET
 MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box #
7932 SW 83RD TERR

3. Mailing Address
7932 SW 83RD TERR

Suite, Apt. #, etc.



03152007 Chg-P CR2E034 (12/06)

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

Zip
32608

Country
US

4. FEI Number
20-5353124

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTON, STEPHEN
 12100 SW 96TH STREET
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7932 SW 83RD TERR

City **GAINESVILLE** FL Zip Code **32608**

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 *S.B.T. Stephen Barton* DATE 3/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, STEPHEN 12100 SW 96TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7932 SW 83 RD TERR GAINESVILLE FL 32608
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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: *S.B.T. Stephen Barton* DATE 3/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #