

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000121738

Entity Name: FLORIDA SPORT SUPPLY, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6372 PALMA DEL MAR BLVD SOUTH  
205  
ST. PETERSBURG, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

6372 PALMA DEL MAR BLVD SOUTH  
205  
ST. PETERSBURG, FL 33715

**New Mailing Address:**

FEI Number: 20-5601775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CIARAVINO, THOMAS W  
6372 PALMA DEL MAR BLVD SOUTH  
205  
ST. PETERSBURG, FL 33715 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  
Name: CIARAVINO, THOMAS W  
Address: 6372 PALMA DEL MAR BLVD. SOUTH, #205  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: S  
Name: CIARAVINO, THOMAS W  
Address: 6372 PALMA DEL MAR BLVD. SOUTH, #205  
City-St-Zip: ST. PETERSBURG, FL 33715

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: THOMAS W CIARRAVINO

PRES

02/17/2011

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

\_\_\_\_\_  
Date