

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2008 8:00 am**  
**Secretary of State**

01-08-2008 90004 010 \*\*\*158.75

**DOCUMENT # P07000072632**

1. Entity Name  
**TAK SPORTS, INC.**



Principal Place of Business  
1021 MOHICAN TRAIL  
TALLAHASSEE, FL 32317 US

Mailing Address  
1021 MOHICAN TRAIL  
TALLAHASSEE, FL 32317 US

4000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
26-0441030

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORP, JASON C  
1021 MOHICAN TRAIL  
TALLAHASSEE, FL 32317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2008

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME THORP, JASON C  
STREET ADDRESS 1021 MOHICAN TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE VP ☐ Delete  
NAME THORP, ELIZABETH D  
STREET ADDRESS 1021 MOHICAN TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jason C. Thorp*

Jason C. Thorp

1/6/08

850-5142-7722