

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 014 ***150.00

DOCUMENT # P95000003934

1. Entity Name

**FLORIDA ALL STAR COLLEGE BASEBALL JAMBOREE
INC.**



Principal Place of Business

**ORMOND BEACH
BOX 731232
ORMOND BEACH FL 32173
US**

Mailing Address

**BOX 731232
ORMOND BEACH FL 32173
US**

50018038



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

*Box 783 (1103 E. Magnolia)
Suite, Apt. #, etc.
Bunnell, Florida
City & State*

3. Mailing Address

*Mail Box 783
Suite, Apt. #, etc.
Bunnell, FL
City & State*

4. FEI Number **59-3292690**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILOR, JOHN
541 MORNING SUN DR 627
ORMOND BEACH FL 32174**
*1103 E. Magnolia
Bunnell, Florida
32110*

7. Name and Address of New Registered Agent

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FILOR, JOHN	
STREET ADDRESS	3757 LONG GROVE LANE	<i>1103 E. Magnolia</i>
CITY-ST-ZIP	PORT ORANGE FL	<i>Bunnell, FL 32110</i>
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, BARRY	
STREET ADDRESS	1175 NORTH LEARY DR	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 *386212-0829*
Date Daytime Phone #