

FILED**Apr 30, 2007 08:00 AM**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000013287	
1. Entity Name SOUTH FLORIDA UMPIRING, INC.	

Principal Place of Business 1275 S.W. 16TH STREET BOCA RATON, FL 33486	Mailing Address 1275 S.W. 16TH STREET BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0561460	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DENEEN, JERRY JR. 1275 S.W. 16TH STREET BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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 <u><i>Cheryl Deneen</i></u>	<u><i>Cheryl Deneen</i></u>	<u>4/25/07</u>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

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	U000000749961 05/18/07-80044-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENEEN, JERRY JR. 1275 S.W. 16TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DENEEN, CHERYL 1275 SW 16TH ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Cheryl Deneen* *Cheryl Deneen* 4/25/07 395-9969

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