

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90057 017 ***150.00

DOCUMENT # P95000016562

1. Entity Name

SPORTS AVENUE OF FLORIDA, INC.



Principal Place of Business

CORDOVA MALL
5100 N. 9TH AVENUE
PENSACOLA FL 32502

Mailing Address

1117 BLACKHAWK RD
ROCK ISLAND IL 61201
US

2. Principal Place of Business

3. Mailing Address

4449 - 48th Avenue Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Rock Island, IL 61201

Zip

Country

Zip

Country

4. FEI Number 59-3304821

Applied For

Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHN, JOHN
CORDOVA MALL, SPACE B203
5100 NORTH 9TH AVE.
PENSACOLA FL 32502

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COLLINS, JEFFREY C
STREET ADDRESS 1310 38TH AVE. CT.
CITY-ST-ZIP ROCK ISLAND IL 61201

TITLE S ☐ Delete
NAME COLLINS, MARY L
STREET ADDRESS 1310 38TH AVE. CT.
CITY-ST-ZIP ROCK ISLAND IL 61201

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 ☐ Addition
NAME
STREET ADDRESS #9 Briarwood Lane
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS #9 Briarwood Lane
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: Mary Louise Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 309-793-4980

Date

Daytime Phone #