

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000005082

1. Entity Name

P.M. SOCCER ENTERPRISES, INC.



Principal Place of Business

820 SPANISH DRIVE SOUTH
LONGBOAT KEY, FL 34228 US

Mailing Address

820 SPANISH DRIVE SOUTH
LONGBOAT KEY, FL 34228 US



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3358954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MELLOR, PETER
820 SPANISH DRIVE SOUTH
LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MELLOR, PETER J
STREET ADDRESS 820 SPANISH DRIVE SOUTH
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ST
NAME MELLOR, VALERIE P
STREET ADDRESS 820 SPANISH DRIVE SOUTH
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/25/05-80149-009 150.00

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

V Mellor

VALERIE Mellor

4/25/05 (727) 430-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #