

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 28 PM 12:28

DOCUMENT # P96000034859

1. Entity Name  
JUMBOSPORTS INC.



Principal Place of Business  
19495 BISCAYNE BOULEVARD  
SUITE 705  
AVENTURA, FL 33180 US

Mailing Address  
19495 BISCAYNE BOULEVARD  
SUITE 705  
AVENTURA, FL 33180 US



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

3. Mailing Address  
123 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008 Chg-P CR2E034 (12/06)

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
52-1643157

Applied For  
Not Applicable

Zip  
33606

Country

Zip  
33606

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

GOLDENBERG, BRIAN  
19495 BISCAYNE BOULEVARD  
SUITE 705  
AVENTURA, FL 33180

Name  
Stichter, Riedel, Blain & Prosser, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
c/o Charles A. Postler

110 E. Madison St. #200

City  
Tampa

FL

Zip Code  
33602

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

4-23-08

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOLDENBERG, BRIAN  
19495 BISCAYNE BOULEVARD, SUITE 705  
AVENTURA, FL 33180 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President & Director  
Worrall, Michael J.  
123 Biscayne Blvd.  
Tampa, FL 33606 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800126164568  
04/28/08--01007--025 \*\*\$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

813-253-0960

Daytime Phone #