

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000049146**

1. Entity Name  
**KEVIN COONEY'S BLUE WAVE BASEBALL CAMP, INC.**



Principal Place of Business  
**1243 NW 14TH STREET  
BOCA RATON, FL 33486**

Mailing Address  
**1243 NW 14TH STREET  
BOCA RATON, FL 33486**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0672946**

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**

**RUBIN, PAUL  
2080 NW BOCA RATON BLVD.  
#6  
BOCA RATON, FL 33431**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COONEY, KEVIN M
STREET ADDRESS	1243 NW 14TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
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U000000767500  
07/10/07-80007-006 550.00

**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: Kevin M. Cooney **KEVIN M. COONEY** **561-297-3856**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #