

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000108576

1. Entity Name
FLORIDA CORPORATE SPORTSFEST, INC.



Principal Place of Business
**640 GOOSEBERRY DRIVE
506
LONGMONT, CO 80503**

Mailing Address
**640 GOOSEBERRY DRIVE
506
LONGMONT, CO 80503**



05292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1444731

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANEY, RICHARD H
%RICHARD MANEY & ASSOCIATES, P.A.
101 E. KENNEDY BLVD., STE. 3170
TAMPA, FL 33602**

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAUGHMAN, DAVID
640 GOOSEBERRY DR 506
LONGMONT, CO 80503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000566526
06/01/06-80005-009 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-06

Date

970 443-9219

Daytime Phone #