

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90010 020 \*\*\*150.00

14019331



<b>DOCUMENT # P98000092476</b> 1. Entity Name <b>T.J. SPORTS, INC.</b>					
Principal Place of Business <b>3942 TYRONE BLVD SAINT PETERSBURG, FL 33709</b>			Mailing Address <b>3942 TYRONE BLVD SAINT PETERSBURG, FL 33709</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1991 A W. LUMSDEN</b> Suite, Apt. #, etc.			
City & State <b>BRANSON, FL</b>		4. FEI Number <b>59-3541184</b>			
Zip <b>33511</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KANE, STEVEN H 1061 MAITLAND CENTER COMMONS MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEAVER, JAMES</b> <input type="checkbox"/> Delete <b>7624 LEATHER FERN COURT PINELLAS PARK, FL 33782</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEAVER, CONNIE</b> <input type="checkbox"/> Delete <b>7624 LEATHER FERN COURT PINELLAS PARK, FL 33782</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, and all other like empowered.					
<b>SIGNATURE:</b> <b>JAMES WEAVER</b> 8/31/05 727-545-4462 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					