

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90048 010 \*\*\*150.00

**DOCUMENT # P98000105781**

1. Entity Name  
**FLORIDA CRUSH SENIOR SOFTBALL, INC.**



Principal Place of Business  
**88 NE 5TH AVE.  
DELRAY BEACH, FL 33483**

Mailing Address  
**88 NE 5TH AVE.  
DELRAY BEACH, FL 33483**



2. Principal Place of Business  
**3300 SW 14th Place  
Suite, Apt. #, etc.  
Unit 3**

3. Mailing Address  
**3300 SW 14th Place  
Suite, Apt. #, etc.  
Unit 3**

04072004 Chg-P CR2E034 (10/03)

City & State  
**Boynton Beach, FL**  
Zip  
**33426-9034**  
Country  
**USA**

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**Boynton Beach, FL**  
Zip  
**33426-9034**  
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**USA**

4. FEI Number  
**65-0885273**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHONE, LARRY T  
72 NE 5TH AVENUE  
DELRAY BEACH, FL 33483**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	DST MULLER, KEVIN 88 NE 5TH AVE. DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLER, RALPH P 88 NE 5TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 SW 14th Place Unit 3 Boynton Beach, FL 33426-9034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 SW 14th Place Unit 3 Boynton Beach, FL 33426-9034</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

**SIGNATURE:**

**Kevin Muller**

**4-13-04**

**501-278-2294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #