

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000096961

1. Entity Name  
THE SPORTS DEN, INC.



Principal Place of Business

2: 2511FIGFOOBV7  
TVLJF7  
EVCNMPQIGM45543

Mailing Address

2: 2511FIGFOOBV7  
TVLJF7  
EVCNMPQIGM45543



04272006 Op!Di h.Q DS3F145!j22016\*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3610480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> %9/86 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE GEORGE, ANGELA  
12025 SW 103 LANE  
DUNELLON, FL 34432

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

☐ Election Campaign Financing  
Trust Fund Contribution.

☐ %6/11 NbzlCf!  
Beaf eluplGft

21/ OFFICERS AND DIRECTORS

TITLE	P
NAME	DEGEORGE, ANGELA W
STREET ADDRESS	12025 SW 103 LN
CITY-ST-ZIP	DUNNELLON, FL 34432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/17/06-80001-006 150.00

**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: Angela W DeGeorge  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 352-  
489-8682  
Date Daytime Phone #