## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000483

FILED Jan 17, 2005 Secretary of State

Entity Name: POWER AND LIGHT PRODUCTIONS OF WAUCHULA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 116 S. 7TH AVENUE 3365 US 17 SOUTH SUITE B BOWLING GREEN, FL 33834 WAUCHULA, FL 33873 **New Mailing Address: Current Mailing Address:** P.O. BOX 97 WAUCHULA, FL 33873 FEI Number: 59-3699077 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, MICHAEL R GRAHAM, MICHAEL R 116 S 7TH AVENUE 3365 US 17 SOUTH BOWLING GREEN, FL 33834 US SUITE B WAUCHULA, FL 33873 US 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. SIGNATURE: MICHAEL R. GRAHAM 01/17/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition VASQUEZ, TINO Name: Name: P.O BOX 378 Address: Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BAKER, SUE M Name: Name: Address: P.O BOX 611 Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: () Delete Title: () Change () Addition GRAHAM, MICHAEL R Name: Name: Address: P.O BOX 97 Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BONE, JOHN NEAL Name: P.O. BOX 1161 Address: Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CALDER, KATHY M Name: Name: CALDER, KATHY M P.O BOX 628 5969 STEVE ROBERTS SPECIAL Address: Address: ZOLFO SPRINGS, FL 33890 City-St-Zip: City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY CALDER D 01/17/2005