2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N01000000483

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

Current Principal Place of Business:

3365 US 17 SOUTH
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 97
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-3699077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, MICHAEL R
3365 US 17 SOUTH
BOWLING GREEN, FL 33834 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VASQUEZ, TINO
Address: P.O BOX 378
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D ( ) Delete
Name: BAKER, SUE M
Address: P.O BOX 611
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: GRAHAM, MICHAEL R
Address: P.O BOX 97
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: BONE, JOHN NEAL
Address: P.O. BOX 1161
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: CALDER, KATHY M
Address: 5969 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JUDY NICKERSON O 01/06/2006

Electronic Signature of Signing Officer or Director Date