


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90398 046 ****61.25

DOCUMENT # N05000003426	
1. Entity Name HERNANDO COUNTY USBC, B.A., INC.	

Principal Place of Business 5194 HARBINGER RD SPRING HILL, FL 34608	Mailing Address 5194 HARBINGER RD SPRING HILL, FL 34608
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4001000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number 75-3184025		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DITT, RONALD S 5194 HARBINGER RD SPRING HILL, FL 34608		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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVEROCK, JOHN III			NAME			
STREET ADDRESS	3229 HARGROVE ST			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DITT, RONALD S			NAME			
STREET ADDRESS	5194 HARBINGER RD			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHR, ROBERT			NAME			
STREET ADDRESS	8262 STEWART ST			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWERS, DUANE			NAME			
STREET ADDRESS	9297 EKIDA RDR RD			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALABY, WILLIAM SR			NAME			
STREET ADDRESS	10173 HORIZON DR			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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:  Date: **Apr. 12, 2006** Daytime Phone #: **352 688 1005**