

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N96000000082

Entity Name: NATIONAL CARAVAN STAGE COMPANY, INC.

Current Principal Place of Business:

140 7TH AVE,S.
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

140 7TH AVE,S.
ST. PETERSBURG, FL 33710

New Mailing Address:

P.O. BOX 517
LAFITTE, LA 70067

FEI Number: 06-1436763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, PAUL
140 SEVENTH AVE, SOUTH
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: MARK, RINAMAN
Address: SUITE E 300 EAST STATE ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: KIRBY, PAUL
Address: 140 SEVENTH AVE, SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: TD () Delete
Name: KELDER, ADRIANA
Address: 140 SEVENTH AVE, SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: CREIGHTON, BRUCE
Address: 2517 METAIRIE COURT
City-St-Zip: METAIRIE, LA 70002

Title: D () Delete
Name: MASTRY, EDITH
Address: 222 15TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: POINDEXTER, RANDY
Address: PO BOX 517
City-St-Zip: LAFITTE, LA 70067

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:

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: ADRIANA KELDER

TD

04/27/2006

Electronic Signature of Signing Officer or Director

Date