

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

FILED

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

DOCUMENT # 712595		
1. Entity Name GASPARILLA BOWMEN, INC.		
Principal Place of Business 17302 N. DALE MABRY HWY LUTZ, FL 33549 US		Mailing Address PO BOX 1181 LAND O LAKES, FL 34634 US
DO NOT WRITE IN THIS SPACE		
01192006 No Chg-NP CR2E037 (11/05)		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALFONSO, THOMAS M 9401 N. ROME CIRCLE TAMPA, FL 33612		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  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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, THOMAS A 9401 N ROME CIRCLE TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, SAM 1125 EVENING TRAIL DRIVE DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALASKI, WILLIAM 23224 BELINDA DR LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BARRY 23224 BELINDA DRIVE TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALASKI, KAREN G PO BOX 1181 LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFONSO, SHERRY 9401 W ROME CIR TAMPA, FL 33612	
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: 		3/22/06 8132942560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #