2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #713216 ND PLAYERS, INC.					3-13-2006 90063	018 ****61	1.25	
Principal Place of Business 10009 GULF DR CORNER PINE 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA, FL 34216 Mailing Address 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA, FL 34216				•	400				
Principal Place of Business 3.		3. Mailing Address	i. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			ng-NP CR2E	037 (11/05)		
City & State		City & State			4. FEI Number 59-117114	6		plied For t Applicable	
Zip	Country	Zip			5. Certificate of St	atus Desired 🔲	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	ress of New Registered	d Agent		
MCDOWELL, SAMUEL F. 309 SPRING AVE				Name Street Address (P.O. Box Number is Not Acceptable)					
ANNA MARIA, FL 34216									
				City	. FL Zip Code				
	named entity submits this statement fi ions of registered agent.	or the purpose of chan-	ging its register	ed office or regis	stered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and trie if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)	DATE	:		
Filing Fee Is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
					\$5.00 May Be Added to Fees				
10.		Trust		ion,	Added to Fees		artment of St	ate	
10.	OFFICERS AND D	Trust	Fund Contribut	ion.	Added to Fees	Florida Dep	artment of St	ate	
TITLE NAME	OFFICERS AND D TD MCDOWELL, SAM	Trust	Fund Contribut 11. te TITL NAM	ion	Added to Fees	Florida Dep	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND D TD MCDOWELL, SAM 309 SPRING AVE	Trust	Fund Contribut 11. te TITL NAM STR:	E EET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND D TD MCDOWELL, SAM 309 SPRING AVE ANNA MARIA, FL	RECTORS Dele	Fund Contribut 11. te ITIL NAM STRI	E EET ADDRESS	Added to Fees	Florida Dep	artment of St DIRECTORS IN Change	tate 10 Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP