

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252007 Chg-NP CR2E037 (12/06) 07

|   |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
|---|-----------------------|---|--|---|--|-------|------|---|----------------|------------------|--|-----------------|---------------------|--|-----------------|-----------------------|--|-------|----|--|------|---------------------|--|----------------|-----------------------|--|-----------------|-----------------------|--|
| <b>DOCUMENT # 745568</b><br>1. Entity Name<br><b>RATTLER BOOSTERS INC.</b>  |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| Principal Place of Business<br><b>1338 S. BRONOUGH STREET<br/>TALLAHASSEE, FL 32301</b>   |                       |   | Mailing Address<br><b>P. O. BOX 5865<br/>TALLAHASSEE, FL 32314</b> |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| 2. Principal Place of Business - No P.O. Box #  |                       | 3. Mailing Address  |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| City & State  |                       | City & State  |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| Zip   | Country               | Zip   | Country  | 4. FEI Number<br><b>59-1922370</b>  |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CLAYTON, MICHAEL<br/>8117 OLD ST. AUGUSTINE ROAD<br/>TALLAHASSEE, FL 32311</b>  |                       |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, DAMON SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2202 WOODBINE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32309</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAMBERS, NEHEMIAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1135 W. ORANGE AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32310</td> <td></td> </tr> </table> </div> </div> |                       |   |  |   |  | TITLE | PD   | <input type="checkbox"/> Delete                                   | NAME           | MILLER, DAMON SR |  | STREET ADDRESS  | 2202 WOODBINE DRIVE |  | CITY - ST - ZIP | TALLAHASSEE, FL 32309 |  | TITLE | VP | <input type="checkbox"/> Delete            | NAME | CHAMBERS, NEHEMIAH  |  | STREET ADDRESS | 1135 W. ORANGE AVENUE |  | CITY - ST - ZIP | TALLAHASSEE, FL 32310 |  |
| TITLE   | PD                    | <input type="checkbox"/> Delete   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | MILLER, DAMON SR      |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 2202 WOODBINE DRIVE   |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32309 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| TITLE   | VP                    | <input type="checkbox"/> Delete   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | CHAMBERS, NEHEMIAH    |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 1135 W. ORANGE AVENUE |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32310 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
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| TITLE   | SD                    | <input checked="" type="checkbox"/> Delete  |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | LAWYER, ANDREW        |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 8834 SAPPHIRE DR.     |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32309 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| TITLE   | D                     | <input type="checkbox"/> Delete   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | HAUGABROOK, EDDIE     |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 1005 TANNER DRIVE     |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32305 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
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| TITLE   | D                     | <input type="checkbox"/> Delete   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | O'NEAL, ANN           |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 509 EMORY COURT       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32305 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete  |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| NAME  | BLACKSHEAR, ALFREDA   |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  | 1215 LEE AVENUE       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   | TALLAHASSEE, FL 32303 |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>   |                       |   |  |   |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |                  |  | CITY - ST - ZIP |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| TITLE   | NAME                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| STREET ADDRESS  |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| CITY - ST - ZIP   |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <div style="text-align: center;"> <b>200102317752</b><br/> <b>05/14/07--01013--013 **61.25</b> </div>   |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <b>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.</b>   |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |
| <b>SIGNATURE:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> </div> <div> <b>4/27/07</b><br/> <small>Date</small> </div> <div> <b>(850) 893-1744</b><br/> <small>Daytime Phone #</small> </div> </div>  |                       |   |  |   |  |       |      |   |                |                  |  |                 |                     |  |                 |                       |  |       |    |  |      |                     |  |                |                       |  |                 |                       |  |

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The following are additions or changes to the Rattler Boosters, Inc. Annual Report:

Damon Miller – **President/Director**  
2202 Woodbine Drive  
Tallahassee, FL 32309

Ted Taylor – **Director**  
202 S. Collins Street  
Plant City, FL 33563

Eddie Haugabrook – **Treasurer/Director**  
1005 Tanner Drive  
Tallahassee, FL 32305

Madlyn Towels – **Director**  
2113 Old Bainbridge Road  
Tallahassee, FL 32303

Elaine Bryant – **Director**  
1882 Capital Circle NE #105  
Tallahassee, FL 32308

Thornton Williams – **Director**  
215 S. Monroe Street, Suite #600  
Tallahassee, FL 32301

Nehemiah Chambers – **Director**  
716 Preston Street  
Tallahassee, FL 32304

Berta J Kemp – **Director**  
P. O. Box 566  
Havana, FL 32333

Britt Lyles – **Director**  
1913 Breezy Hill Drive  
Windermere, FL 34786

Rudy Maxwell – **Director**  
1611 Edleshearan Road  
Lake Mary, FL 32746

Ann O'Neal - **Director**  
509 Emory Court  
Tallahassee, FL 32305

Ephraim Riggins – **Director**  
12754 Shinnecock Court  
Jacksonville, FL 32225

Vernell Ross – **Director**  
P. O. Box 902  
Havana, FL 32333

Eddie Strong – **Director**  
27453 Rainbow Circle  
Lathrup, MI 48076