2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 751304 1. Entity Name ARTHUR BORING CIVIC CENTER, INC.							01-17-20	006 902:	50 042 ***	*61.25	
Principal Plac <unused> PLANT CITY,</unused>		ling Address D. DRAWER 1869 ANT CITY, FL 33564-1869 US			60002809						
2. Principal Place of Business 3.		3. Mailing Addres	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			01102006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State	City & State		4. FE! Number 59-6151219			plied For			
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Curren	Registered Agent				7. Name and A	ddress of New	Registered	l Agent		
REDMAN, JAMES L. 212 N. COLLINS STREET SUITE 2 PLANT CITY, FL 33566				Name Street Address (P.O. Box Number is Not Acceptable)							
				City				FI	Zip Code	-	
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 9. Election Campai Due by May 1, 2006 Trust Fund Contr			ign Financing		# E 00						
10.	OFFICERS AND D	""	t Fund Contr	ribution.		\$5.00 May Be Added to Fees			ck payable to		
TITLE			Fund Contr			Added to Fees	Flo	orida Depa	ertment of St	ate	
	D	RECTORS		11.		Added to Fees DDITIONS/CHAN	Flo	orida Depa	IRECTORS IN	ate 10	
NAME STREET ADORESS CITY-ST-ZIP						Added to Fees	Flo	orida Depa	ertment of St	ate	
STREET ADDRESS	D NEWSOME, JOE 3405 N. WILDER RD	RECTORS	te	11. TITLE NAME STREET ADDRESS	A	Added to Fees	Flo	orida Depa	IRECTORS IN	ate 10	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NEWSOME, JOE 3405 N. WILDER RD PLANT CITY, FL 33565 D ROLLYSON, ROLLY P O BOX 1536	RECTORS Dele	te te	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D Page 3502	Added to Fees	Dean Taylor I	ERS AND D	DIRECTORS IN Change	10 Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NEWSOME, JOE 3405 N. WILDER RD PLANT CITY, FL 33565 D ROLLYSON, ROLLY P O BOX 1536 PLANT CITY, FL 33564 VP PAGE, JOHNNY DEAN 3502 CHARLIE TAYLOR ROAD	RECTORS Dele	te te	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D Page 3502 Plan T/D Gain PO B	Added to Fees DDITIONS/CHAN	Dean Taylor I 33564	ERS AND D	DIRECTORS IN Change	10 Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NEWSOME, JOE 3405 N. WILDER RD PLANT CITY, FL 33565 D ROLLYSON, ROLLY P O BOX 1536 PLANT CITY, FL 33564 VP PAGE, JOHNNY DEAN 3502 CHARLIE TAYLOR ROAD PLANT CITY, FL 33564 PD LUCAS, KENNETH PO BOX 824	RECTORS Dete	te :	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D Page 3502 Plan T/D Gain PO B Plan S/D Spar 2106	, Johnny Charlie t City FI ey, Ronal	Dean Taylor I 33564 d E. 33564	ERS AND D	Change	10 Addition Addition	

Plant City FL 33567 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 supplied mental 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 chapter 11 in the composition of the corporation of the receiver of trustee empowered.

CITY-ST-ZIP

SIGNATURE:	1 Batter
STGNATURE X	TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLANT CITY, FL 33566

CITY-ST-ZIP

1/11/2006

(813) 752-9194 Daytime Phone #