


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 037 ****61.25

DOCUMENT # 755128	
1. Entity Name	
ARCADIA ALL-FLORIDA CHAMPIONSHIP RODEO, INC.	

Principal Place of Business	Mailing Address
124 HEARD STREET ARCADIA FL 34266 US	124 HEARD STREET ARCADIA FL 34266 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2116545	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARRINGTON, ROSE C 124 HEARD ST ARCADIA FL 34266

7. Name and Address of New Registered Agent
Name: <u>Willis, Kathleen H</u>
Street Address (P.O. Box Number is Not Acceptable): <u>124 Heard St</u>
City: <u>Arcadia</u> FL Zip Code: <u>34266</u>

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: <u>Kathleen H Willis</u>	DATE: <u>2-9-06</u>

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	1V <input type="checkbox"/> Delete
NAME	PARKER, JAMES S.
STREET ADDRESS	PO BOX 590
CITY-ST-ZIP	ARCADIA FL 34265
TITLE	VPD <input type="checkbox"/> Delete
NAME	BROWN, WALTER
STREET ADDRESS	1315 E CYPRESS ST
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	PD <input type="checkbox"/> Delete
NAME	HALL, DON T
STREET ADDRESS	PO BOX 590
CITY-ST-ZIP	ARCADIA FL 34265
TITLE	SD <input type="checkbox"/> Delete
NAME	COX, RUSTY
STREET ADDRESS	2432 SE LOIS AVE
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	TD <input type="checkbox"/> Delete
NAME	STATON, ROBERT
STREET ADDRESS	PO BOX 2012
CITY-ST-ZIP	ARCADIA FL 34265
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: [Signature] 2-9-06 863