

2006 FOR PROFIT CORPORATION ANNUAL REPORT




FILED

06 APR -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052006 Chg-P CR2E034 (11/05) ob

DOCUMENT # H69104					
1. Entity Name BOBBY BOWDEN'S SEMINOLE FOOTBALL CAMP, INC.					
Principal Place of Business MOORE ATHLETIC CENTER P.O. BOX 2195 TALLAHASSEE, FL 32316 US			Mailing Address MOORE ATHLETIC CENTER P.O. BOX 2195 TALLAHASSEE, FL 32316 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2860758	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN ASSENDERP, KEN 225 S. ADAMS STREET SUITE 200 TALLAHASSEE, FL 32301			Name Timothy R. Qualls Street Address (P.O. Box Number is Not Acceptable) 225 South Adams, Suite 200 City Tallahassee FL Zip Code 32301		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKY, DARRYL M.A.C. STADIUM DR P.O. BOX 2195 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600072294656 04/27/06--01019--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: 			4-5-06 Date Daytime Phone #		