

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002373

FILED
Apr 30, 2006
Secretary of State

Entity Name: TALLAHASSEE COMETS, INC.

Current Principal Place of Business:

6364 BELGRANDE DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

6364 BELGRANDE DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3612906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, ROBERT A
6364 BELGRANDE DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKS, ROBERT A
Address: 6364 BELGRANDE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: CFO () Delete
Name: HICKS, ANITA
Address: 6364 BELGRANDE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: FHISBIE, RHETT
Address: 3185 JAMEY ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. HICKS

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date