

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # N00000004620</b><br>1. Entity Name<br><b>SWAMP-TIME BOOGIE CHARITY PRODUCTION FUND, INC.</b>   |   |   |  |   |   |
| Principal Place of Business<br><b>1214 FLORES AVE.<br/>THE VILLAGES FL 32159</b>   |   | Mailing Address<br><b>1214 FLORES AVE.<br/>THE VILLAGES FL 32159</b>  |  |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |   |
| City & State   |   | City & State  |  |   |   |
| Zip  | Country   | Zip   | Country  | 4. FEI Number <b>59-3658805</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | 6. Name and Address of Current Registered Agent<br><b>PEDDRICK, LAWRENCE E<br/>1214 FLORES AVE.<br/>THE VILLAGES FL 32159</b>   |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code  |   |   |  | 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 _____  |   |   |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PMC<br/>PEDDRICK, LAWRENCE E<br/>1214 FLORES AVE<br/>THE VILLAGES FL 32159</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>U00000294777<br/>04/08/05-80083-020 61.25</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS<br/>JETT, MICHELLE N<br/>4179 WINNERS CIRCLE #416<br/>SARASOTA FL 34238</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>CURTIN, JOHN J SR<br/>2800 PRIVADA SR.<br/>THE VILLAGES FL 32159</b>     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>CURTIN, KATHERINE A<br/>2800 PRIVADA DR.<br/>THE VILLAGES FL 32159</b>   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PEDDRICK, NADIA M<br/>1214 FLORES AVE.<br/>THE VILLAGES FL 32159</b>     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>JETT, JOHN C<br/>4179 WINNERS CIRCLE #416<br/>SARASOTA FL 34238</b>      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SIGNATURE: <i>Lawrence E. Peddrick</i> <u>Lawrence E. Peddrick</u> 03-30-05 (352) 7503498</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |   |



1st MOORE CR2E037 (10/04)