## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006980

FILED Apr 26, 2006 Secretary of State

Entity Name: THE TALLAHASSEE STREETRODDERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 5241 TALLAHASSEE, FL 32314 **Current Mailing Address: New Mailing Address:** PO BOX 5241 TALLAHASSEE, FL 32314 FEI Number: 20-0523087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISAACS, DAN 431 WAVERLY ROAD TALLAHASSEE, FL 32312 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WEHUNT, BILL SPIEGEL, BILL Name: Name: 112 QUAIL COURT Address: 2755 MCFARLANE COURT Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALALHASSEE, FL 32303 Title: Title: (X) Change ( ) Addition () Delete THOMAS, LEE Name: FUGATE, JEFF Name: Address: 2010 20TH STREET Address: 10180 VETERANS MEMORIAL HWY City-St-Zip: CAIRO, GA 31728 City-St-Zip: TALLAHASSEE, FL 32308 Title: TD Title: (X) Change ( ) Addition ( ) Delete ISAACS, DAN HUNZIKER, CHERYL Name: Name: Address: PO BOX 5241 Address: 1454 20TH STREET City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: CAIRO, GA 39828 (X) Change ( ) Addition Title: SD Title: DT ( ) Delete Name: MEEHAN, TOM Name: MEEHAN, TOM 7636 BRANGUS DRIVE 7636 BRANGUS DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32311 Title: ( ) Delete Title: () Change () Addition RAMSEY, LEON Name: Name: 2469 RIVER ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32460 City-St-Zip: Title: () Delete Title: () Change () Addition FUGATE, SANDY Name: Name: Address: 10180 VETERANS MEMORIAL HIGHWAY Address: TALLAHASSEE, FL 32308 City-St-Zip: 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: TOM MEEHAN T 04/26/2006