

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90453 026 ****70.00

DOCUMENT # N03000010207					
1. Entity Name TALLAHASSEE REGION SOAP BOX DERBY, INC.					
Principal Place of Business 1903 MYRICK RD TALLAHASSEE, FL 32303			Mailing Address 1903 MYRICK RD TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0424176	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, NEAL E 1903 MYRICK RD TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>NEAL E DAVIS PRES Neal E Davis</u> 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BOLLMAN, KYLE M DIR. 5307 PIMLICO DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HANEY, MARK T DIR. 227 THORNBERG DRIVE TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. COLEMAN, SEAN J SEC. 6400 POWERS FERRY ROAD ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. THOMAS, JON C PRES. 5351 PEMBRIDGE PLACE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. TORREY, KEVIN R VP 1439 PINE STREET TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GRAYBAR, BENJAMIN TREAS. 3175 FERNS GLEN DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. DAVIS, NANCY SEC. 1903 MYRICK RD TALLAHASSEE FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DAVIS, NEAL E. PRES 1903 MYRICK RD. TALLAHASSEE FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. EDWARDS, PATRICIA D. VP 4009 CAMINO REAL TALLAHASSEE FL 32311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. ASBELL, TONYA L. TREAS. P.O. Box 496 Woodville, FL 32362				
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 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.					
SIGNATURE: <u>NEAL E DAVIS Neal E Davis</u> 4-27-07 850 576 5148 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					