


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90088 022 \*\*\*\*61.25

<b>DOCUMENT # N04000003087</b> 1. Entity Name <b>PALMETTO RIDGE HIGH SCHOOL BAND BOOSTERS, INC.</b>					
Principal Place of Business <b>1655 VICTORY LANE NAPLES, FL 34120</b>			Mailing Address <b>1655 VICTORY LANE NAPLES, FL 34120</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>27-0084531</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>William C. REANEY 1655 VICTORY LN NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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><i>William C. Reaney</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>WILLIAM C. REANEY</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>04/24/08</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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 Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERTSON, JOANN		NAME	ANNETTE M. VEYN	
STREET ADDRESS	1655 VICTORY LANE		STREET ADDRESS	1655 VICTORY LN	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOLE, ELIZABETH		NAME	RUTH ANDRUS	
STREET ADDRESS	1655 VICTORY LANE		STREET ADDRESS	1655 VICTORY LN	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Annette M. Veyn</i></u>		<u>Annette M. Veyn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/08</u> <small>Date</small>	
				<u>234-370-1442</u> <small>Daytime Phone #</small>	