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

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # N04000004069 1. Entity Name 04-28-2005 90217 042 ****61.25 09-08-2005 90065 006 ****61.25 FLORIDA BOY RANGERS, INC. Principal Place of Business Mailing Address 324 MURCIA DR 324 MURCIA DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROONEY, TARA Street Address (P.O. Box Number is Not Acceptable) 324 MURCIA DR. JUPITER FL 33458 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD 11. ROONEY, THOMAS J SR. ☐ Change ☐ Delete TITLE TITLE ☐ Addition 324 MURCIA DR. NAME NAME STREET ADDRESS JUPITER FL 33458 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROONEY, BRIAN J SR. ☐ Delete Change Addition TITLE TITLE 3736 GRIM AVE. NAME NAME STREET ADDRESS SAN DIEGO CA 92104 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ROCNEY, TARA'L Change SHE ☐ Delete ■ Addition TITLE NAME NAME 324 MURCIA DR. STREET ADDRESS JUPITER FL 33458 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONCY, MORGAN TITLE ☐ Delete TITLE Change ☐ Addition NAME 6 NEW SEABURY CIR. NAME STREET ADDRESS W. PALM BCH FL 33401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

acove

CITY-ST-ZIP

CICMATIIDE:

CITY-ST-ZIP

S-07 1.05 (521-797-9250

FILED