2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N04000004069

Entity Name: FLORIDA BOY RANGERS, INC.

Current Principal Place of Business:

18211 SE ISLAND DR
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

18211 SE ISLAND DR
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 76-0800340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROONEY, TARA
18211 SE ISLAND DR
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: ROONEY, THOMAS J SR.
Address: 18211 SE ISLAND DR
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete
Name: ROONEY, BRIAN J SR.
Address: 4810 WEST OXFORD LANE
City-St-Zip: CANTON, MI 48187

Title: STD ( ) Delete
Name: ROONEY, TARA L
Address: 18211 SE ISLAND DR
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: PONCY, MORGAN
Address: 18842 POINT DRIVE
City-St-Zip: TEQUESTA, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ROONEY, BRIAN J SR.
Address: 48103 WEST OXFORD LANE
City-St-Zip: CANTON, MI 48187

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TARA L. ROONEY STD 04/26/2009

Electronic Signature of Signing Officer or Director — Date