

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005422

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FLORIDA RATTLERS INC.

**Current Principal Place of Business:**

2242 LINDA ST.  
LAKE WALES, FL 33898 US

**New Principal Place of Business:**

**Current Mailing Address:**

2242 LINDA ST.  
LAKE WALES, FL 33898 US

**New Mailing Address:**

FEI Number: 75-3147126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, RANDY  
2242 LINDA ST.  
LAKE WALES, FL 33898 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: DIR ( ) Delete  
Name: THOMAS, RANDY  
Address: 2242 LINDA ST.  
City-St-Zip: LAKE WALES, FL 33898 US

Title: DIR ( ) Delete  
Name: CALVI, DOREEN  
Address: 24471 CARRIAGE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DIR (X) Change ( ) Addition  
Name: CALVI, DOREEN  
Address: 2471 CARRIAGE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

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: DOREEN M. CALVI

DIR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date