

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011601

FILED  
May 10, 2005  
Secretary of State

**Entity Name:** FLORIDA HIGH SCHOOL STUDENT PROMOTIONS, INC.

**Current Principal Place of Business:**

22255 43RD DR  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1333  
BRANFORD, FL 32008

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GRAY, MARLYAN  
517 RIVER ROAD  
CARRABELLE, FL 32322 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES ( ) Change (X) Addition  
Name: SPIVEY, TAMMY  
Address: P.O. BOX 1333  
City-St-Zip: BRANFORD, FL 32008

Title: V.P. ( ) Change (X) Addition  
Name: SPIVEY, SHILOH  
Address: P.O. BOX 1333  
City-St-Zip: BRANFORD, FL 32008

Title: SEC. ( ) Change (X) Addition  
Name: GRAY, MARLYAN  
Address: 517 RIVER RD.  
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMMY SPIVEY

PRES

05/10/2005

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

\_\_\_\_\_  
Date