2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2006 8:00 am Secretary of State

DOCUMENT # N05000003631 1. Entity Name BOZEMAN BAND BOOSTERS INCORPORATED							04-21-3	2006 901 [°]	, 13 002 ***	·*61.25	
Principal Place of Business 13410 HWY 77 PANAMA CITY, FL 32409		Mailing Address 13410 HWY 77 PANAMA CITY, FL 32409					. 6	60168	40		
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182006	Chg-NP	CR2I	E037 (11/ 0 5)		
City & State		City & State				4. FELNumb	-2218	449		oplied For tot Applicable	
Zīp	Country	Zip	Cou	intry		5. Certificate	of Status Desi		\$8.75 Ad Fee Reguin	lditlonal	
5. Name and Address of Current Registered Agent						7. Name and	Address of N	lew Registers	d Agent		
JONES, ANITA				Name Neil GRAY []							
8912 KING	SSWOOD ROAD DINT, FL 32409		Street A			is (F.O. Box Number is Not Acceptable)					
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				CityBo	Inama City FL 35409					9	
	named entity submits this statement f	or the purpose of changing its re	gistere	ed office or	register	ed agent, or bo	oth, in the State	of Florida. I a	ım familiar with	and accept	
the obligat	tions of registered egent	.1.						1 -	/ 0.		
SIGNATURE		Neil G	RA	ΥĪ				<u> Apr</u>	1/18/	2006	
	Signature, typed in project name of registered agen	s and title if applicable. (NOTE: I	Register ac	d Agent signess	ne seamed	when reinstating)		DAT	E /		
					ve reduced			DAT	E /	<u> </u>	
	Signature, typed of project forme of regulated ager Filling Foo is \$81.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	oaign F	inancing	ne iedmee	\$5.00 May E			eck payable to partment of 9		
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12. I hereby certify that the information supplied with this fliing 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, 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: Denise Fled Denise JED 18/April/06 850-271-9185