


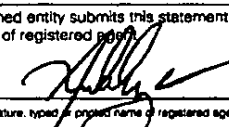
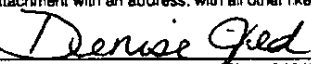


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2006 90113 002 ****61.25

DOCUMENT # N05000003631 1. Entity Name BOZEMAN BAND BOOSTERS INCORPORATED					
Principal Place of Business 13410 HWY 77 PANAMA CITY, FL 32409			Mailing Address 13410 HWY 77 PANAMA CITY, FL 32409		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66016840</div>  <div style="margin-top: 10px;"> 04182008 Chg-NP CR2E037 (11/05) </div>	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <div style="font-size: 1.2em;">35-2218449</div>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold;">66016840</div>  <div style="margin-top: 10px;"> 04182008 Chg-NP CR2E037 (11/05) </div>	
6. Name and Address of Current Registered Agent JONES, ANITA 8912 KINGSWOOD ROAD SOUTHPOINT, FL 32409					
7. Name and Address of New Registered Agent Name <u>Neil GRAY IV</u> Street Address (P.O. Box Number is Not Acceptable) <u>13410 Hwy 77</u> City <u>Panama City</u> FL Zip Code <u>32409</u>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<u>NEIL GRAY IV</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		DATE <u>April 18, 2006</u>	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, TAMI 3726 DEER RUN RD. SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANITA JONES 8912 KINGSWOOD ROAD SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ANITA 8912 KINGSWOOD RD. SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICTOR JED 400 JOSEPH CIRCLE SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERSINGER, DEANNA 3720 ATLANTIS DR. SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGARET FALKE 16533 KATHY LN YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, DONNA 20233 MARROW RD. FOUNTAIN, FL 32438	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENISE JED 400 JOSEPH CIRCLE SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARRANTS, DONNA 8334 KINGSWOOD RD. SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIANNE DOBBS 120 Hill Drive Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIST CUSTER, MINDY 552 HICKORY BLUFF RD. SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIST STEVEN MAJORS 3820 E HWY 388 YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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.					
SIGNATURE: 		<u>DENISE JED</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>18/April/06</u> Daytime Phone # <u>850-271-9685</u>	