
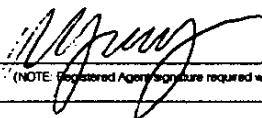


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 033 ****70.00

DOCUMENT # N05000012243 1. Entity Name TOP CONTENDERS BOOSTER CLUB INC.						
Principal Place of Business 16621 US HIGHWAY 19 HUDSON, FL 34667			Mailing Address 11015 ISLAND PINE DRIVE PORT RICHEY, FL 34668			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 76-0830105				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STUBLER, ELIZABETH A 11015 ISLAND PINE DRIVE PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name <u>Jacobs, Mike</u> Street Address (P.O. Box Number is Not Applicable) <u>16621 US Highway 19</u> City <u>Hudson</u> FL <u>34667</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>Mike Jacobs</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent Signature required when retesting)</small>		<u>7/11/06</u> <small>DATE</small>		
Filing Fee is \$61.25 Due by September 6, 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 JACOBS, MIKE 14025 TYRINGHAM STREET SPRING HILL, FL 34609		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUBLER, ELIZABETH 11015 ISLAND PINE DRIVE PORT RICHEY, FL 34668		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Luis 16621 US Highway 19 Hudson, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, KEELY 11015 ISLAND PINE DRIVE PORT RICHEY, FL 34668		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennifer Rodriguez 16621 US Highway 19 Hudson, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR Keith Elam 16621 US Highway 19 Hudson, FL 34667		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>Michael Jacobs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/11/06</u> <small>Date</small>		<u>352-584-206</u> <small>Daytime Phone #</small>	