

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90444 011 ****61.25

40090816

DOCUMENT # N05000012371		
1. Entity Name WILLISTON BAND BOOSTERS, INC.		

Principal Place of Business 427 W NOBLE AVE WILLISTON, FL 32696	Mailing Address 427 W NOBLE AVE WILLISTON, FL 32696
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
PIRZER, BILL 427 W NOBLE AVE WILLISTON, FL 32696	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

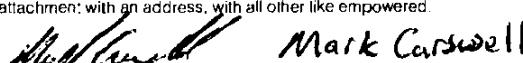
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARSWELL, MARK 116 7TH ST WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POUPARD, EVELYN 5030 NE 155TH AVE WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BULLOCK, SUSAN E 18050 NE 55 ST WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT Cox, Luann 18051 NE 75 th St. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRZER, BILL 427 W NOBLE AVE WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Stoen, Ricky 2607 1/2 E 144th St. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, GARY 427 W NOBLE AVE WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Mark Carswell DP 4/25/07 (352) 854-7524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #