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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66020163

04302007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000002501

1. Entity Name
JACKSONVILLE LADY BANDITS, INC.

Principal Place of Business	Mailing Address
3750 SILVER BLUFF BLVD 1701 ORANGE PARK, FL 32065	3750 SILVER BLUFF BLVD. #1701 ORANGE PARK, FL 32065

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN, CHANDRIA L 3750 SILVER BLUFF BLVD. #1701 ORANGE PARK, FL 32065	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DEAN, CHANDRIA L 3750 SILVER BLUFF BLVD. #1701 ORANGE PARK, FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LANE, STEVE J 102 SUNNYSIDE DRIVE SAINT MARYS, GA 31558	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARDROFF, ROBERT S. 1802 ALDER DRIVE ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC WOODS, DAVID 3212 CARLOTTA ROAD MIDDLEBURG, FL 32068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Geike	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE BARDROFF, ROBERT SR 1802 ALDER DRIVE ORANGE PARK, FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEIKE, PAUL E. 1802 ALDER DRIVE ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Robert S. Bardroff III 4-30-07 904 215-7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #