## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003206

2205 US HWY 17-92 NO

City-St-Zip: DAVENPORT, FL 33837

Address:

FILED Jan 07, 2009 Secretary of State

Entity Nan	ne: BOLTS B	OOSTER CLUB, INC.		•	
Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
105 MCKAY DRIVE NORTH STE B HAINES CITY, FL 33844			500 ORCHID DRIVE DAVENPORT, FL 338	500 ORCHID DRIVE DAVENPORT, FL 33837	
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
	Y DRIVE NOF ITY, FL 33844				
FEI Number:	20-2354431	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
105 MCKA HAINES CI		US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMPBELL, R	RIVE NORTH STE B	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DODD, PAULA 100 MCKAY DI HAINES CITY,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ( )	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT CAMPBELL D 01/07/2009