
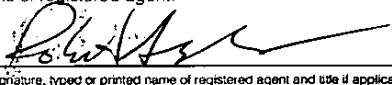


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90492 006 \*\*\*\*61.25

<b>DOCUMENT # N23070</b> 1. Entity Name <b>BEARCAT BAND BOOSTERS, INC.</b>					
Principal Place of Business <b>PO BOX 2204</b> <b>CRYSTAL RIVER, FL 34423 US</b>			Mailing Address <b>PO BOX 2204</b> <b>CRYSTAL RIVER, FL 34423 US</b>		
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 <b>31-1513085</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERTS, KATHERINE V</b> <b>3602 N HOLIDAY DRIVE</b> <b>CRYSTAL RIVER, FL 34428-5990</b>			Name <b>ROBERT SCHLUMBERGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6220 W CORPORATE OAKS DR</b> City <b>CRYSTAL RIVER</b> <b>FL</b> Zip Code <b>34429-8723</b>		
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 		<b>ROBERT SCHLUMBERGER</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>02/17/05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KUHLMAN, WENDIE</b> <b>P.O. BOX 2204</b> <b>CRYSTAL RIVER, FL 34423</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PIERCE, LINDA</b> <b>P.O. BOX 2204</b> <b>CRYSTAL RIVER, FL 34423</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TOMLINSON, BARBARA</b> <b>P.O. BOX 2204</b> <b>CRYSTAL RIVER, FL 34423</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CALEAU, ANGEL</b> <b>P.O. BOX 2204</b> <b>CRYSTAL RIVER, FL 34423</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROBERTS, KATHY</b> <b>PO BOX 2204</b> <b>CRYSTAL RIVER, FL 34423</b>	<input checked="" 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		<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		<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 exemption stated in Section 119.07(3)(i), 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: 

LINDA PIERCE

4-28-05 352-628-5011