
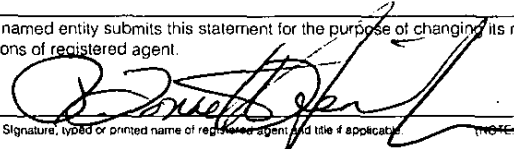
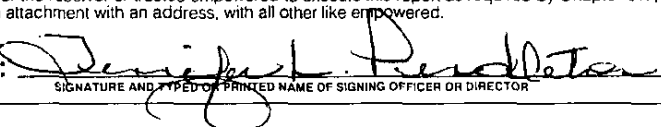


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 007 ****61.25

DOCUMENT # N23920 1. Entity Name DREADNAUGHT BAND BOOSTERS, INC.					
Principal Place of Business C/O RYAN KELLY 326 HOLLINGSWORTH RD. LAKELAND, FL 33801			Mailing Address C/O JANICE JONES 811 E. MAINT ST. LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2863544	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, JANICE 811 E MAIN ST LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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: 4/29/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JANICE		NAME	TONETTE HEINEKEN	
STREET ADDRESS	811 E MAIN ST		STREET ADDRESS	2619 Collins Ave	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEBERT, JEANNE		NAME	Larry Howell	
STREET ADDRESS	1419 EASTON DRIVE		STREET ADDRESS	2309 Miles Court	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENHAM, PAT		NAME		
STREET ADDRESS	729 WOODHILLDR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STESHYN, JENNIFER		NAME		
STREET ADDRESS	315 E EDGWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, JENNIFER		NAME		
STREET ADDRESS	601 PALENCIA PL		STREET ADDRESS	1516 Hallam Court S.	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 4-30-07 DAYTIME PHONE #: 863 797-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					