

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45960**

1. Entity Name  
**DESOTO BULLDOG BOOSTERS, INC.**



Principal Place of Business  
**128 WEST OAK ST  
ARCADIA, FL 34266 US**

Mailing Address  
**P.O. BOX 2904  
ARCADIA, FL 34265 US**



05012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0314407**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALDRON, E E JR  
124 N BREVARD AVENUE  
ARCADIA, FL 34266**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	HACKNEY, BILL
STREET ADDRESS	504 E OAK ST
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	D
NAME	SICA VINCENT
STREET ADDRESS	124 NORTH BREVARD
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	D
NAME	SIMS, GEORGE
STREET ADDRESS	1004 WEST IMOGENE ST
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	VPD
NAME	SMITH, JEFF
STREET ADDRESS	1925 SE RHODE ISLAND ST
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	P
NAME	WILLIAMS, DAVID E
STREET ADDRESS	1259 NW EUCALYPTUS AVE
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000562027  
05/19/06-80039-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William A. Hackney Jr.*  
**William A. Hackney Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/1/06 863-494-6495*  
**5/1/06 863-494-6495**