2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 11, 2006 8:00 am DOCUMENT # N93000002301 Secretary of State 08-11-2006 90003 039 ****61.25 WINTER HAVEN STINGRAYS, INC. Principal Place of Business Mailing Address 210 CYPRESS GARDENS BLVD PO BOX 9002 WINTER HAVEN FL 33880 WINTER HAVEN FL 33883-9002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 59-3144663 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, LINDA Street Address (P.O. Box Number is Not Acceptable) 210 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880 Zip Code FI 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: Pegistered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to-Due By September 6, 2006 Trust Fund Contribution. Added to Fees Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change Addition Linda Howard HOWARD, L'INDA NAME 250 LK. Lulu Dr. Winter Haven, FL 33880 NAME 210 CYPRESS GARDENS BLVD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition KENNON, DEBBIE NAME 1226 CYPRESS POINT E STREET ADDRESS STREET ADDRESS CITY-S1-ZIP WINTER HAVEN FL 33884 CITY-ST-7IP SD + Treasurer Amy Bag by 2780 Register Rd SE SD THLE ☐ Detete Change TITLE ☐ Addition BOGBY, AMY NAME NAME STREET ADDRESS 2780 REYISTA RD STREET ADDRESS Winter Haven FL 33884 WINTER HAVE FL CITY-ST-ZIP CITY - ST - ZIP TITLE Oelete TITLE Brian Voisard 2813 Winterset Park M Change ☐ Addition VOISAND, BRIAN NAME NAME 2813 WINTERSET PARK STREET ADDRESS STREET ADDRESS Winter Haven, FL 33884 CITY-ST-ZIP WINTER HAVEN FL CFY-ST-7P IME ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE

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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

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changed, or on an attachment with an address, with all other like empowered.