

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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005433

1. Entity Name
THE SARASOTA WRESTLING BOOSTERS, INC.



Principal Place of Business

**4155 PONEA DRIVE
SARASOTA, FL 34241 US**

Mailing Address

**4155 PONEA DRIVE
SARASOTA, FL 34241 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0491096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, MICHAEL D
4155 PONEA DRIVE
SARASOTA, FL 34241**

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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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WRIGHT, WILLIAMS
3151 LOCKWOOD LAKE COURT
SARASOTA, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
PERRY, MICHAEL D
4155 PONEA DRIVE
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U00000410181
02/09/06-80026-008 \$1.25

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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/06

Date

941-378-5992

Daytime Phone #