

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2004-90002-041-\$61.25-\$61.25

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|---|--|---------|--|---|---|--|--|
| DOCUMENT # N94000000346 1. Entity Name COLA BOOSTERS, INC. | | | | | | FILED 04 OCT -7 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 404 IMPERIAL BLVD LAKELAND, FL 33803 US | | | | Mailing Address P. O. BOX 5643 LAKELAND, FL 33807 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 5. Name and Address of Current Registered Agent RAST, STEVEN 1517 AUBURN OAKS CT AUBURNDALE, FL 33823 | | | | 7. Name and Address of New Registered Agent Name Platt, Richard C. II Street Address (P.O. Box Number is Not Acceptable) 1209 Valley Hill W. City Lakeland FL Zip Code 33813 | | | |
| 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 Richard Platt <i>[Signature]</i> 8-27-04 <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 September 8, 2004 | | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD RAST, STEVEN 1517 AUBURN OAKS CIR AUBURNDALE, FL 33823 <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 | VD PLATT, RICHARD C II 1209 VALLEY HILL W LAKELAND, FL 33813 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Platt, Richard C. II PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1209 Valley Hill W Lakeland, FL 33813 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROBERTS, STACEY 4118 KIPLING AVE PLANT CITY, FL 33566 <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 | SD BANKS, PATIENCE 2906 ASTON AVE PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Debbie E. Emmons 5545 Summerland Hills Dr. Lakeland, FL 33813 | | |
| 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 | 8/10/04 <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)(b), 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: Stacey Roberts <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 8-27-04 360-620-7104 <small>Date Daytime Phone #</small> | | | |