


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000000346 1. Entity Name COLA BOOSTERS, INC.	
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Principal Place of Business
404 IMPERIAL BLVD
LAKELAND, FL 33803 US

Mailing Address
P. O. BOX 5643
LAKELAND, FL 33807 US



04242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIATT, RICHARD C II
1209 VALLEY HILL W
LAKELAND, FL 33813

**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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATT, RICHARD C II 1209 VALLEY HILL W LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, STACEY 4118 KIPLING AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMMONS, DEBBIE 5545 SUMMERLAND HILLS DR LAKELAND, FL 33813
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04/28/05-80130-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Stacey Roberts 4/22/05 813-707-6539
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #