2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 01, 2006 8:00 am
Secretary of State
04-14-2006 90141 028 ****61.25

DOCUMENT # N94000000346

1. Entity Name
COLA BOOSTERS, INC.

Principal Place of Business	Mailing Address
404 IMPERIAL BLVD LAKELAND, FL 33803 US	P. O. BOX 5643 LAKELAND, FL 33807 US

04112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3220705 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIATT, RICHARD C II 1209 VALLEY HILL W LAKELAND, FL 33813	Name Howell, Sharri L. Street Address (P.O. Box Number is Not Acceptable) 5717 Greenway Circle City Lakeland FL Zip Code 33805

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 Sharri L. Howell Sharri L. Howell treasurer 4/11/06
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

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 PLATT, RICHARD C II 1209 VALLEY HILL W LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASARABA, ANNA MARIA 5141 HIGHLANDS LAKEVIEW LP LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERTS, STACEY 4118 KIPLING AVE PLANT CITY, FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOWELL, SHARRI 5717 GREENWAY CIRCLE LAKELAND, FL 33805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EMMONS, DEBBIE 5545 SUMMERLAND HILLS DR LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~DIANE~~ ~~SM~~ SCHMELZ, DIANE 675 OSPREY LANDING DR LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMMONS, DEBBIE - D 5545 SUMMERLAND HILLS DR. LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sharri L Howell Sharri L. Howell tres. 4/11/06 (863)683-5819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

6601396

#N940000000346

Emmons, Debbie
is no longer a
secretary. She is
a Director