## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004861

FILED Feb 21, 2006 Secretary of State

Entity Name: SUNSHINE STATE MOUNTED DRILL TEAM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3065 HATTON STREET 13005 M&J ROAD

SARASOTA, FL 34237 MYAKKA CITY, FL 34251

Current Mailing Address: New Mailing Address:

16021 WINBURN DR S SARASOTA, FL 34240

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOKER, MARK
3065 HATTON ST

BROOKER, MARK
13005 M&J ROAD

SARASOTA, FL 34237 US MYAKKA CITY, FL 34251 US

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.

SIGNATURE: MARK BROOKER 02/21/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BROOKER, MARK
 Name:
 BROOKER, MARK

 Address:
 3065 HATTON ST
 Address:
 13005 M&J ROAD

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 MYAKKA CITY, FL 34251

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, MELODEE
 Name:

 Address:
 16021 WINBURN DR S
 Address:

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, JEÁNETTE
 Name:

 Address:
 16021 WINBURN DR S
 Address:

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODEE WILLIAMS DST 02/21/2006