## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006140

Name:

Address:

City-St-Zip:

HARP, BECKY

963 MCKINNLEY STREET

CLEARWATER, FL 33756

FILED May 03, 2006 Secretary of State

Entity Nam	ne: TORN	ADO SPIRIT BOC	OSTERS, INC.			•
Current Principal Place of Business:				New Principal Place of Business:		
540 S. HER CLEARWA		3675				
Current Mailing Address:				New Mailing Address:		
540 S. HER CLEARWA		3675				
FEI Number: 59-3456704 FEI Number Applied For ( ) FEI Number Not In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior r						Certificate of Status Desired ( )
Name and	Address o	f Current Regist	ered Agent:	Name and	Address o	of New Registered Agent:
ICENOGLE C/O CLEAF 540 S. HER CLEARWA	RWATER H	IIGH SCHOOL				
The above in the State	named enti of Florida.	ty submits this sta	atement for the purpose o	f changing i	ts registere	d office or registered agent, or both,
SIGNATUR	E:					
	Elect	ronic Signature of	Registered Agent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:		() Delete REN TWOOD COURT RBOR, FL 34695		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:		() Delete H, DAWN M CULES AVENUE ER, FL 33765		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TRE FERGUSON 831 BERKL CLEARWAT			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title:	SEC	( ) Delete		Title:	SEC	(X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

BROOKS, FRANCES

2232 CURTIS DRIVE N.

CLEARWATER, FL 33764

SIGNATURE: ANNETTE FERGUSON TRE 05/03/2006