# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 26, 2006**
**Secretary of State**

DOCUMENT# N99000005071

**Entity Name:** LADY SHOCKERS OF CLEARWATER, INC.

**Current Principal Place of Business:**

13 FRIENDSHIP COURT
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

13 FRIENDSHIP COURT
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number: 65-0864709** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WALTER, ED
13 FRIENDSHIP COURT
SAFETY HARBOR, FL 34695 US

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

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: ED WALTER
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: RIGGS, CHUCK D
Address: 1804 PINE HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PRES ( ) Delete
Name: ED, WALTER
Address: 13 FRIENDSHIP CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: KEVIN, THURBER
Address: 25 HARBOR LAKE CIR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: CATHY, THURBER
Address: 25 HARBOR LAKE CIR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: HESS, PEGGY
Address: 737 CRESTRIDGE DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Delete
Name: GARY, HAMILTON
Address: 2815 61ST ST E
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ASHLEY, WALTER M
Address: 13 FRIENDSHIP CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ED WALTER PRES 09/26/2006
Electronic Signature of Signing Officer or Director — Date