2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 07, 2004 8:00 am Secretary of State DOCUMENT # P00000107793 1. Entity Name 05-07-2004 90124 029 ***150.00 LADY CANES VOLLEYBALL BOOSTER CLUB, INC. Principal Place of Business Mailing Address 1962 DOWNING PLACE PALM HARBOR FL 34683 1962 DOWNING PLACE かばひょうひだか PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business 2421 Butternut Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 59-3739157 Dunedin FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34698 Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent · Bouchard BOUCHARD, NICOLE Street Address (P.O. Box Number is Not Acceptable) 1962 DOWNING PLACE PALM HARBOR FL 34683 2421 Butternut Ct Zip Code 24 698 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE" ☐ Delete TITLE Change ☐ Addition Nicole Bouchard BOUCHARD, NICOLE NAME NAME 2421 Butternut Ct. STREET ADDRESS 1962 DOWNING PLACE STREET ADDRESS Dunedin . FL PALM HARBOR FL 34683 CITY-ST-ZIE CITY-ST-ZIP VΡ TITLE Change ☐ Addition TITLE Delete NAME COX, SHARON NAME 10 PAPAYA STREET #706 STREET ADDRESS STREET ADDRESS CLEARWATER BEACH FL 33767 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change Delete SULTENFOSS, SHERRY NAME NAME STREET ADDRESS STREET ADDRESS 102 HARBOURVIEW LANE CITY - ST- ZIP **LARGO FL 33770** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ANN ILES, MARY NAME NAME 1010 MICHIGAN AVENUE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE Delete TITLE ■ Addition ILES, MARY ANN NAME 1010 MICHIGAN AVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ADPC Delete TITLE Addition STALZER, JOE NAME NAME 961 KENT LN. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-7IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED