

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90024 008 ***150.00

DOCUMENT # P00000107793 1. Entity Name LADY CANES VOLLEYBALL BOOSTER CLUB, INC.					
Principal Place of Business 2421 BUTTERNUT CT DUNEDIN, FL 34698			Mailing Address 2421 BUTTERNUT CT. DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # 100 Carlyle Drive Suite, Apt. #, etc.		3. Mailing Address 100 Carlyle Drive Suite, Apt. #, etc.			
City & State Palm Harbor, FL Zip 34683 Country US		City & State Palm Harbor, FL Zip 34683 Country US		4. FEI Number 59-3739157 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BOUCHARD, NICOLE 2421 BUTTERNUT CT. DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name: Kiley, Coleen Street Address (P.O. Box Number is Not Acceptable): 100 Carlyle Drive City: Palm Harbor, FL Zip Code: 34683		
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: <i>Karen Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Coleen Kiley</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 3/12/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUCHARD, NICOLE 2421 BUTTERNUT COURT DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kiley, Coleen 100 Carlyle Drive Palm Harbor, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, PAM 414 MARIVA AVENUE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wilkinson, Janet 755 Village Way Palm Harbor, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULTENFOSS, SHERRY 102 HARBOURVIEW LANE LARGO, FL 33770 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, KAREN 759 TIMUGUANA LANE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <i>Karen Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/12/07 Daytime Phone #: 727-7874827		