

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 045 ***150.00

DOCUMENT # P00000107793

1. Entity Name
LADY CANES VOLLEYBALL BOOSTER CLUB, INC.



Principal Place of Business
**100 CARLYLE DR.
 PALM HARBOR, FL 34683**

Mailing Address
**100 CARLYLE DR.
 PALM HARBOR, FL 34683**

4002--



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-3739157

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**KILEY, COLEEN
 100 CARLYLE DR.
 PALM HARBOR, FL 34683**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KILEY, COLEEN	
STREET ADDRESS	100 CARLYLE DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKINSON, JANET	
STREET ADDRESS	755 VILLAGE WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SULTENFOSS, SHERRY	
STREET ADDRESS	102 HARBOURVIEW LANE	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, KAREN	
STREET ADDRESS	759 TIMUGUANA LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Showalter, Cindy	
STREET ADDRESS	215 Poinciana Lane	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen Smith = Karen Smith 3/10/08 (727) 787-4827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #