
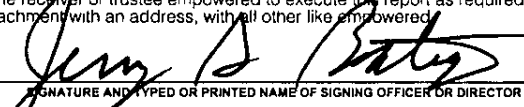


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000038175		
1. Entity Name MONTICELLO LINE DANCERS & MUSICIANS ASSOCIATION, INC.		
Principal Place of Business US 19 NORTH MONTICELLO, FL 32344	Mailing Address 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COCHRAN, EARL 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311		DO NOT WRITE IN THIS SPACE
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) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAN, EARL 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORG, JUDY 448 JEFFERSON HEIGHTS MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, CHERYL 1150 TURNEY ANDERSON RD. MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOATWRIGHT, JERRY 287 NASH RD. LAMONT, FL 32336	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		7/17/06 850-997-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3696930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**