


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PM 1:58

CR2E081 (12/05)

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

2006 ANNUAL REPORT

DOCUMENT # **NO4000003144**

1. Corporation Name
Caboose Club, Inc.

2. Principal Office Address
45383 Dixie Ave

3. Mailing Office Address
P.O. Box 2210

Suite, Apt. #, etc.

City & State
Callahan, FL **Callahan, FL**

Zip Country Zip Country
32011 **NASSAU** **32011** **NASSAU**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Moses Meide, Jr.

Street Address (P.O. Box Number is Not Acceptable)
817 N. MAIN ST.

Suite, Apt. #, Etc.
FA

City State Zip Code
Jacksonville **FL** **32220**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Moses Meide, Jr.** Date **8/24/06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARKHAM MacNICH	N. Michler ST.	Callahan, FL 32011
VD	John Kiser	44014 Apache TR	Callahan, FL 32011
STD	BERTIE Crouch	44124 Maple CT	Callahan, FL 32011
			700079335867 08/31/06--01040--018 **90.00
*	Please Delete Debra Jean Harris, AS STD *		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Bertie J. Crouch** Date **8/25/06** Daytime Phone # **904-879-4071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR