

FILED
Jan 18, 2007 8:00 am
Secretary of State

DOCUMENT # N96000005841



Mailing Address
1720 WILLIAMSBURG WAY
MELBOURNE, FL 32934 US

3. Mailing Address

1735 Williamsburg Way
Suite Apt # etc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne FL

Country
U.S.Country
US

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3439449

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MEYER, BRIAN S
1735 WILLIAMSBURG WAY
MELBOURNE, FL 32934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	DE MEYER, BRIAN S	
STREET ADDRESS	1735 WILLIAMSBURG WAY	
CITY - ST - ZIP	MELBOURNE, FL 32934	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PIETRUSZEWICZ, LISA	
STREET ADDRESS	1740 WILLIAMSBURG WAY	
CITY - ST - ZIP	MELBOURNE, FL 32934	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TURCK, CLAY	
STREET ADDRESS	1720 WILLIAMSBURG WAY	
CITY - ST - ZIP	MELBOURNE, FL 32934	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOWLER, ERIC		
STREET ADDRESS	1730 Williamsburg Way		
CITY-ST-ZIP	Melbourne, FL 32934		

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 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 617, 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: Brian S. De Meyer Brian S. De Meyer 1-9-07 (321) 309-7356