

FILED
Apr 13, 2006 08:00 AM
Secretary of State

Mailing Address
4605 N.W. 6TH STREET, SUITE B
GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE



04112006 No Cha-P CR2E034 (11/05)

4. FEI Number	59-2825194	Applied For	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	

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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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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04/27/06-80075-007 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. REED 4/11/06 352-336-8570

Da

Daytime Phone: