

FILED

DOCUMENT # 137413

The seal of the State of New York, featuring a central figure holding a staff with a serpent entwined around it, surrounded by the text "GREAT SEAL OF THE STATE OF NEW YORK" and the motto "IN GOD WE TRUST".

Mailing Address

PO BOX 491259
LEESBURG, FL 34749 US

DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0520088

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBIEUX, W.D. PRES
33438 PICCIOLA DR
FRUITLAND PARK, FL 34731

**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	
Signature, typed or printed name of registered agent and title if applicable.	(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	PD
NAME	BARBIEUX, W. D.
STREET ADDRESS	33438 PICCIOLA DR
CITY-ST-ZIP	FRUITLAND PARK, FL 34731

TITLE	S
NAME	VANN.BETTY
STREET ADDRESS	8775 S. MAIN TER
CITY-ST-ZIP	WEBSTER, FL 33597

TITLE	AS
NAME	BARBIEUX, JANN K.
STREET ADDRESS	33438 PICCIOLA DR
CITY - ST - ZIP	FRUITLAND PARK, FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

04/16/08-80027-005 150.00

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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

De

Pauline Byrne