

FILED
Apr 07, 2004 08:00 AM
Secretary of State




Mailing Address
P.O. BOX 1606
EATON PARK, FL 33840-1606 US

DO NOT WRITE IN THIS SPACE



03252004 00000000 0000000000000000

4. FEI Number	Applied For
59-1315533	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 

6. Name and Address of Current Registered Agent

JOHNSON, DENNIS P.
225 EAST LEMON ST
LAKELAND, FL 33801

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IN THIS SPACE**

B. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 D BIRD
REDEMPTION**

000000105468
04/07/04-60027-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REED, MICHAEL E.
STREET ADDRESS	5316 VERANA COURT
CITY-ST-ZIP	LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone # _____