## 2006 FOR PROFIT CORPORATION

## **FILED** May 01, 2006 8:00 am Secretary of State

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MENT # 379660 res & sons, inc.				05-01-2006	5 90478 035 ***150.00	
e of Business POINT RD L 33476	Mailing Address P.O. BOX 579 PAHOKEE, FL 33476				50017666	
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ADA BUSH MORGAN RD DWN, FL 34956		ed office or re	IN '	THIS SPA	ACE	
Signature, typed or printed name of registered agent and to see the second seco	<del></del>	ncing	\$5.00 May Be Added to Fees		DATE	_
OFFICERS AND DIF	ECTORS					
	MENT # 379660  ES & SONS, INC.  e of Business POINT RD  L 33476  ONOT WRITE I  6. Name and Address of Current Reg ADA BUSH MORGAN RD DWN, FL 34956  enamed entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered apent and 8  E NOW!!! FEE IS \$150.00  ay 1, 2006 Fee will be \$550.00  OFFICERS AND DIR PD JONES, MARY F 141 N FLAME AVE PAHOKEE, FL SD CONLEY, ADA BUSH 16502 SW MORGAN ROAD	DO NOT WRITE IN THIS SPA  6. Name and Address of Current Registered Agent  ADA BUSH MORGAN RD DWN, FL 34956  Finamed entity submits this statement for the purpose of changing its registerions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  PD JONES, MARY F 141 N FLAME AVE PAHOKEE, FL SD CONLEY, ADA BUSH 16502 SW MORGAN ROAD	MENT # 379660  BES & SONS, INC.  Mailing Address POINT RD P.O. BOX 579 PAHOKEE, FL 33476  PAHOKEE, FL 33476  ONOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent ADA BUSH MORGAN RD DWN, FL 34956  In named entity submits this statement for the purpose of changing its registered office or relicons of registered agent.  Sometime, hyped or printed name of registered agent and bitle II applicable.  ENOWILI FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  PD JONES, MARY F 141 IN FLAME AVE PAHOKEE, FL SD CONLEY, ADA BUSH 16502 SW MORGAN ROAD	MENT # 379660  ES & SONS, INC.  e of Business POINT RD PAHOKEE, FL 33476   O3292006  O NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent ADA BUSH MORGAN RD DWN, FL 34956  IN  Signature, typed or printed name of registered agent and site II applicable  E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  PD JONES, MARY F 141 N FLAME AVE PAHOKEE, FL SD CONLEY, ADA BUSH 16502 SW MORGAN ROAD INDIANTOWN, FL 34956  DOO  DOO  DOO  DOO  DOO  DOO  DOO  D	MENT # 379660  SES & SONS, INC.  OFFICERS AND DIRECTORS  PD NOT WRITE IN THIS SPACE  O3292006 No Chg-P  4. FEI Number 59-1361 134  5. Certificate of Status Desired  IN THIS SPACE  DO NOT WRITE IN THIS SPACE  O3292006 No Chg-P  4. FEI Number 59-1361 134  5. Certificate of Status Desired  DO NOT WRITE IN THIS SPACE  IN THIS SPACE  DO NOT WRITE IN THIS SPACE  IN THIS SPACE  DO NOT WRITE IN THIS SPACE  O3292006 No Chg-P  4. FEI Number 59-1361 134  5. Certificate of Status Desired  IN THIS SPACE  ON THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  OFFICERS AND DIRECTORS  PD -  JONES, MARY F  141 NFLAME AVE PAHOKEE, FL  SD  CONLEY, ADA BUSH 16502 SW MORGAN ROAD INDIANTOWN, FL 34956  DO NOT WRITE  DO NOT WRITE  DO NOT WRITE  OFFICERS AND DIRECTORS  DO NOT WRITE  D	MENT # 379660  SE & SONS, INC.  Mailing Address POINT RD PO NOT WRITE IN THIS SPACE  ONOT WRITE IN THIS SPACE  ONOT WRITE IN THIS SPACE  Applied For Sp-1361134 S. Certificate of Status Desired Sp-1361134 S. Certificate of Status Desired Sp-1361134 S. Certificate of Status Desired Space IN THIS SPACE  ONOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  ONTE Requested Agent Agent taymater required when remarkable to the purpose of contribution.  Separate, type of printed name of registered agent.  ONTE Requested Agent taymater required when remarkable to the purpose of contribution.  Separate, type of printed name of registered agent.  ONTE Requested Agent taymater required when remarkable to the purpose of contribution.  ONTE THE ACCURATE THE ACCURAT

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

Ada Brule and typed or printed Name of Signing Officer or Director

561-924-5651

Daytime Phone #