

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 386832 1. Entity Name VOYAGER INVESTMENT CO., INC.			
Principal Place of Business HWY 279 WASHINGTON COUNTY, FL 32428 US		Mailing Address 1600 MARINA BAY DRIVE #709 PANAMA CITY, FL 32409	
DO NOT WRITE IN THIS SPACE			
		03312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1429060	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNONE, T. 1600 MARINA BAY DR 804 PANAMA CITY, FL 32409		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000886418 04/18/08-90054-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
P ARNONE, ANTHONY P 1600 MARINA BAY DR #709 PANAMA CITY, FL 32409			
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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: 		4/5/08 850-624-8737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	