

FILED

DOCUMENT # 577564

Mailing Address

P O BOX 6329
PO BOX 6329
VERO BEACH, FL 32961 US

DO NOT WRITE IN THIS SPACE

03192008

No Chg-P

CR2E034 (11/05)

4. FBI Number
59-1840746

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

FLETCHER, F. NORMAN
1235 THIRTY-SIXTH AVE.
VERO BEACH, FL

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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 reinstating)

000000869693
04/09/09-20061-005 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. ☐ **Added to Fees**

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	FLETCHER, F. NORMAN
STREET ADDRESS	1235 THIRTY-SIXTH AVE.
CITY - ST - ZIP	VERO BEACH, FL

TITLE	ST
NAME	FLETCHER, JOANN
STREET ADDRESS	1235 THIRTY-SIXTH AVE.
CITY-ST-ZIP	VERO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-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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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:

Joann S Fletcher Joann S Fletcher
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3-19.08

Date: _____

Developer Phone # _____