

FILED
Jan 31, 2006 08:00 AM
Secretary of State

1. Entity Name

Mailing Address

CORNER OF S.R. 42 & COUNTY RD. 450
P O BOX 661
UMATILLA FL 32784

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

Applied For	
Not Applied	

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000403954 02/09/06-80015-024 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add Item
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add new
STREET ADDRESS		
CITY-ST-ZIP		

☐ Change ☐ Add ☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: Margaret S. Albrecht 1/24/06. Rev -