Zip       Country       Zip       Country       S. Certificate of Status Desired       S8.75 Additional         Free Required       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         7. Fee Required       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         7. Fe CVPRESS STR DAVENPORT FL 33836       Name         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. Lam familiar with, and a the obligations of registered agent a	1. Entity Nan HART LA	IMENT # 649779	REPORT (AR			05 08:00 AN y of State
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Zip     Country     Zip     Country     Zip     Country     5. Certificate of Status Desired     S8.75 Additional Fee Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name       REWIS, GRADY L 7 E CYPRESS STR DAVENPORT FL 33836       City     FL     Zip Code       City     FL     Zip Code       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. 1 am familiar with, and a the obligations of registered agent.       SIGNATURE       Signatus, twad or proted stars of ingestered agent ag	Suite, Apt	t. #, etc	Suite, Apt. #, etc	an a	1st MOORE CR2E034	4 (10/04)
	City & Sta	ite	City & State		4. FEI Number 59-1974134	Applied For Not Applicable
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City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code	7 E	CYPRESS STR			s (P O. Box Number is Not Acceptable)	
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or privide name of registered agent and title // appicable  INOTE Registered Agent signature required when remataing)  OATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  IO.  OFFICERS AND DIRECTORS  II.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  II.  PREWIS, GRADY LEWIS  ReWIS, GRADY LEWIS  TAY LOR, CHARLOTTE  Detet  III.E  Detet III.E  Detet  III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E  Detet III.E	DA	VENFORT FE 33030				
the obligations of registered agent.  SigNATURE Signature, typed or printed name of registered agent and rife if applicable  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  IILE P REWIS, GRADY LEWIS 7 E CYPRESS ST. Change CHY St-ZIP DAVENPORT FL 33836 CHY St-ZIP TITUE D Change CHY St-ZIP TITUSVILLE FL 32780 CHY St-ZIP TITUSVILLE FL 32780 CHY St-ZIP TITUE D Change Change CHY St-ZIP CHARGET R, CHY PRESS ST. CHY ADDRESS 15 E. CYPRESS ST			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		-
AME     REWIS, GRADY LEWIS     NAME     U00000258582       AME RETADDRESS     7 E CYPRESS ST.     STREET ADDRESS     03/10/05-80045-020     150.00       ITY-ST-ZP     DAVENPORT FL 33836     GITY-ST-ZP     010000258582     03/10/05-80045-020     150.00       ITY-ST-ZP     DAVENPORT FL 33836     GITY-ST-ZP     0110.0     0.00     0.00       ITY-ST-ZP     DAVENPORT FL 33836     GITY-ST-ZP     0.00     0.00     0.00       ITY-ST-ZP     TILE     D     0.00     0.00     0.00       ITY-ST-ZIP     TITUSVILLE FL 32780     0.00     0.00     0.00       ITLE     D     0.00     0.00     0.00     0.00       ITUE     D     0.00     0.00     0.00     0.00       ITUSVILLE FL 32780     0.00     0.00     0.00     0.00       ITUE     D     0.00     0.00     0.00 <th></th> <th></th> <th></th> <th><ul> <li>Hegistered Agent signature radui</li> </ul></th> <th>rred when reinstating} DATE</th> <th></th>				<ul> <li>Hegistered Agent signature radui</li> </ul>	rred when reinstating} DATE	
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