

FILED
Mar 23, 2006 8:00 am
Secretary of State

DOCUMENT # 703911

Mailing Address
140 WEST TAMPA, AVE
VENICE, FL 34285

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E037 (11/05)

4. FEI Number
59-6005807

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, JAMES M.
3470 GULF LANE
ROTONDA, FL 33947

Name _____

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

City

FL

Zip Code

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)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.


\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**


10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10


TITLE	P	 Delete
NAME	TRAMMELL, JEAN	
STREET ADDRESS	418 GULF STREET	
CITY-ST-ZIP	VENICE, FL 34285	

TITLE	V	 Delete
NAME	KODA, JOHN	
STREET ADDRESS	317 MONET DRIVE	
CITY - ST - ZIP	NOKOMIS, FL 34275	

TITLE	T	<input type="checkbox"/> Delete
NAME	DAUT, KEVIN	
STREET ADDRESS	1103 DERIAN PL	
CITY - ST - ZIP	NOKOMIS, FL 34275	

TITLE	S	 Delete
NAME	TAYLOR, TIFFANY	
STREET ADDRESS	421 HUNT RIDGE DRIVE	
CITY - ST - ZIP	VENICE, FL 34292	

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMRUCK, EARL	
STREET ADDRESS	8569 ESTATES DR	
CITY - ST - ZIP	NORTH PORT, FL 34286	

TITLE	D	 Delete
NAME	HOOVER, NANCY	
STREET ADDRESS	421 ARMADA DRIVE S.	
CITY - ST - ZIP	VENICE, FL 34285	



TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOVER, NANCY		
STREET ADDRESS	421 ARMADA S.		
CITY-ST-ZIP	VENICE FL 33425		

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, TIFFANY		
STREET ADDRESS	421 HUNT RIDGE DRIVE		
CITY - ST - ZIP	VENICE, FL 34292		

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

TITLE	5	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOVETT, Jim		
STREET ADDRESS	344 LAKE RD		
CITY-ST-ZIP	VENICE, FL 34293		

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

TITLE	D		Change		Addition
NAME	PITTS, LAUDIN				
STREET ADDRESS	304 TORTUGA DRIVE				
CITY-ST-ZIP	NOKOMIS, FL 33427				

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dental

Daytime Phone # _____