

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # 709378

**Mailing Address**  
**478 TEQUESTA DRIVE**  
**TEQUESTA, FL 33469**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

01162008 Chg-NP CR2E037 (12/06)

4. FBI Number  
**59-6176951**

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

INGLIS, PCAM, STEVE  
1930 COMMERCE LN  
STE. 1  
JUPITER, FL 33458

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, 2008**

**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
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TITLE	TD	<input type="checkbox"/> Delete
NAME	RINGOOT, ED	
STREET ADDRESS	478 TEQUESTA DR	
CITY - ST - ZIP	TEQUESTA FL 33469	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYES, HERBERT	
STREET ADDRESS	478 TEQUESTA DR	
CITY - ST - ZIP	TEQUESTA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SWADE, PAUL	
STREET ADDRESS	478-TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA, FL 33461	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WASSENAR, CAROL	
STREET ADDRESS	478 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA, FL 33469	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWSEY, ED	
STREET ADDRESS	678 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA, FL 33458	

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, HERBERT		
STREET ADDRESS	478 TEQUESTA DR.		
CITY-ST-ZIP	TEQUESTA, FL. 33469		

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

TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAY BUSHNELL		
STREET ADDRESS	478 TEQUESTA, DR.		
CITY - ST - ZIP	TEQUESTA, FL. 33469		

TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOE MARZIGLIANO		
STREET ADDRESS	478 TEQUESTA DR.		
CITY-ST-ZIP	TEQUESTA, FL. 33469		

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

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

14 Feb. 08 861 575 3551