

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # 736764



Mailing Address

P.O. BOX 730085  
ORMOND BCH, FL 32173-0085 US

[illegible]

CR2E037 (4/06)

Applied For
Not Applicable

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

ATTORNEY CHARLES DAVID HOOD JR.  
444 SEABREEZE BLVD  
DAYTONA BEACH, FL 32118

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, 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

TITLE	P
NAME	WARD, SHERRY
STREET ADDRESS	358 TYMBER RUN
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	S
NAME	CORNWELL, DOROTHY
STREET ADDRESS	103 WILLOW BEND LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VP
NAME	BAKER, MARK
STREET ADDRESS	327 GROVER CREEK CROSSING
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	BLAIR, MARK
STREET ADDRESS	326 GROVER CREEK CROSSING
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	JOHNSON, ROSELL T
STREET ADDRESS	213 BAY PINES CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 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 # \_\_\_\_\_