

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

40077544

[illegible]

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1815785

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**

RAY, DAVID P  
1107 SUGARTREE DRIVE S.  
LAKELAND, FL 33813

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, 2007**

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

<b>11.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
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TITLE	P	<input type="checkbox"/> Delete
NAME	CASE, GREGORY	
STREET ADDRESS	177 BONNIE DRIVE	
CITY - ST - ZIP	AUBURNDALe, FL 33823	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SATCHER, CONSTANCE A	
STREET ADDRESS	4979 LAKELAND HARBOR BLVD.	
CITY - ST - ZIP	LAKELAND, FL 33805	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	RAY, DAVID P	
STREET ADDRESS	1107 SUGARTREE S.	
CITY - ST - ZIP	LAKELAND, FL 33813	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	<del>WOLSON, KAREN</del>	
STREET ADDRESS	1082 LA COSTA LN	
CITY - ST - ZIP	AUBURNDALe, FL 33823	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, REBECCA	
STREET ADDRESS	2514 COLONY FORD DR	
CITY - ST - ZIP	LAKELAND, FL 33813	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WELLER, BARRY	
STREET ADDRESS	1082 LA COSTA LANE	
CITY - ST - ZIP	WINTER HAVEN, FL 33823	

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

DAVID P. RAY

Date \_\_\_\_\_

4/12/07

863-646

Daytime Phone #

4342