

FILED
Apr 26, 2005 8:00 am
Secretary of State

DOCUMENT # 749238

Mailing Address
116 SARASOTA QUAY
SARASOTA, FL 34236

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

02012005 Chq-NP CR2E037 (10/03)

4. FBI Number
59-2005612

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

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, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLWMAN, KENNETH	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY - ST - ZIP	BRADENTON, FL	

TITLE	BM	<input type="checkbox"/> Delete
NAME	KERRIGAN, MAUREEN	
STREET ADDRESS	4005 AVENIDA MADERA	
CITY - ST - ZIP	BRADENTON, FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	BOLWMAN, BONNIE	
STREET ADDRESS	6430 SUN EAGLE LN	
CITY - ST - ZIP	BRADENTON, FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENWALD, WILLIAM	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY - ST - ZIP	BRADENTON, FL	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PRASAD, AJIT	
STREET ADDRESS	6430 SUN EAGLE LA	
CITY - ST - ZIP	BRADENTON, FL 34210	

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERRIGAN, MAUREEN		
STREET ADDRESS	6430 SUN EAGLE LANE		
CITY-ST-ZIP	BRADENTON, FL 34310		

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

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENWALD, CAROL		
STREET ADDRESS	6430 SUN EAGLE LANE		
CITY-ST-ZIP	BRADENTON, FL 34210		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OFFENHAUER, ROBT.		
STREET ADDRESS	6430 SUN EAGLE LANE		
CITY-ST-ZIP	BRADENTON, FL 34210		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARDER, ROBT.		
STREET ADDRESS	6430 SUN EAGLE LANE		
CITY-ST-ZIP	BRADENTON, FL 34310		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Oat

Daytime Phone #