

FILED
Mar 12, 2007 8:00 am
Secretary of State

DOCUMENT # 754435

Mailing Address
PO BOX 291205
PORT ORANGE, FL 32129 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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02162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2103539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
834 FIRST ST.
PORT ORANGE, FL 32129

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARZ, JARVIS	
STREET ADDRESS	9 KIM COURT	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOETTCHER, FRED	
STREET ADDRESS	28 MAJORIE TRAIL	
CITY - ST - ZIP	ORMOND BEACH, FL 32174	

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

TITLE	TD	XX Delete
NAME	DUFFY, MARY C	
STREET ADDRESS	27 WINDING WOODS TRAIL	
CITY - ST - ZIP	ORMOND BEACH, FL 32174	

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Zerkowski, Stanley R.		
STREET ADDRESS	21 Marjorie Trail		
CITY-ST-ZIP	Ormond Beach, FL 32174		

TITLE	S	<input type="checkbox"/> Delete
NAME	SELWITZ, BARBARA J	
STREET ADDRESS	834 FIRST STREET	
CITY - ST - ZIP	PORT ORANGE, FL 32129	

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

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

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mittlestadt, Immanuel		
STREET ADDRESS	7 Shelly Way		
CITY-ST-ZIP	Ormond Beach, FL 32174		

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

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Seese, Michael E.		
STREET ADDRESS	9 Alicen Court		
CITY-ST-ZIP	Ormond Beach, FL 32174		

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:

Walter R. Beckwith

W. Fred Boettcher, Pres. 2/27/07 386-756-7700

Date _____

Daytime Phone # _____