

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # 762645

Mailing Address  
P.O BOX 10202  
DAYTONA BEACH, FL 32120 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

01072008 Chg-NP CR2E037 (12/06)

4. FBI Number  
59-2176034

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

O'LEARY, BERNADETTE M  
623 CRWON LN  
PORT ORANGE, FL 32127

**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, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURCHETT, HARRY P	
STREET ADDRESS	275 INDIGO DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CANNON, WILLIAM E	
STREET ADDRESS	275 INDIGO DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COTHRAN, FRANCES C	
STREET ADDRESS	275 INDIGO DRIVE	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114	

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMONE, JO ANNA M	
STREET ADDRESS	275 INDOGO DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, WILLIAM	
STREET ADDRESS	275 INDIGO DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Andoniades, Jordan		
STREET ADDRESS	275 Indigo Drive		
CITY - ST - ZIP	Daytona Beach, FL 32114		

TITLE	T/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Gerolimatos, Kostas		
STREET ADDRESS	275 Indigo Drive		
CITY-ST-ZIP	Daytona Beach, FL 32114		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Komlenic, George		
STREET ADDRESS	275 Indigo Drive		
CITY-ST-ZIP	Daytona Beach, FL 32114		

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

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sweeney, William		
STREET ADDRESS	275 Indigo Drive		
CITY-ST-ZIP	Daytona Beach, FL 32114		

TITLE ☐ Change ☐ 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:** Jo Anna M. Simone

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Do:

Daytime Phone #