

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # 770579**

Mailing Address  
1846 CASHEW CTWY.  
TITUSVILLE, FL 32780 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HORVATH, CAROLYN SUE  
1846 CASHEW CTWY.  
TITUSVILLE, FL 32780

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

<b>FI</b>	Zip Code
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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

TITLE	DST	<input type="checkbox"/> Delete
NAME	HORVATH, CAROLYN SUE	
STREET ADDRESS	1846 CASHEW CTWY.	
CITY - ST - ZIP	TITUSVILLE, FL	

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	BUSH, DAVID	
STREET ADDRESS	1912 CASHEW CT. WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32780	

TITLE	DD	<input type="checkbox"/> Delete
NAME	JORDAN, PAT	
STREET ADDRESS	1844 CASHEW COURT WAY	
CITY - ST - ZIP	TITUSVILLE, FL	

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	RENNIE, NANCY	
STREET ADDRESS	1913 CASHEW CT WAY	
CITY - ST - ZIP	TITUSVILLE, FL 32780	

TITLE	DD	<input type="checkbox"/> Delete
NAME	HICKMAN, GAIL	
STREET ADDRESS	1866 CASHEW COURT WAY	
CITY - ST - ZIP	TITUSVILLE, FL 32780	

TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	1862 CASHEW COURT WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32780	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bush, David		
STREET ADDRESS	1912 Cashew Ct. Way		
CITY - ST - ZIP	Titusville Fl. 32780		

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob Gordon		
STREET ADDRESS	1900 Cashew Ct. Way.		
CITY-ST-ZIP	Titusville, FL.	32780	

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

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

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

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:**

Carolyn Sue Hawath

Carolyn Sue Horvath

1-30-08

321-264-1581