

FILED
Apr 29, 2005 8:00 am
Secretary of State

DOCUMENT # F95000004799



Mailing Address
3645 CORTEZ RD. W.
#140
BRADENTON, FL 34210

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number
47-0778833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRIDGEN, GARY L
4300 LAKESIDE DR.
#13
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name BERNARD L. KOYEN

Street Address (P.O. Box Number is Not Acceptable)
6101 34TH STREET, UNIT 16 F

City BRADENTON

FL

Zip Code
34210

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 _____

APRIL 28, 2005

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	KOYEN, BERNARD L
STREET ADDRESS	6101 34TH STREET W. UNIT 25H
CITY - ST - ZIP	BRADENTON, FL 34210

TITLE	VS
NAME	KOYEN, CONNIE S
STREET ADDRESS	6101 34TH STREET W. UNIT 25H
CITY-ST-ZIP	BRADENTON, FL 34210

TITLE	CFOV
NAME	PRIDGEN, GARY L
STREET ADDRESS	4300 LAKESIDE DR., #13
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	D
NAME	MULLER, RICHARD
STREET ADDRESS	505 S 93RD AVE
CITY-ST-ZIP	OMAHA, NE 68114

TITLE	D
NAME	JOST, STEPHEN
STREET ADDRESS	6200 S TROY DRIVE SUITE 210
CITY - ST - ZIP	ENGLEWOOD, CO 80111

TITLE	D
NAME	SKAER, ROGER D D.D.S.
STREET ADDRESS	7210 CEDARIDGE CIRCLE
CITY-ST-ZIP	WICHITA, KS 67226

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCED	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNARD L. KOYEN		
STREET ADDRESS	6101 34TH STREET WEST, UNIT 16F		
CITY-ST-ZIP	BRADENTON FL 34210		

TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNIE S. KOYEN		
STREET ADDRESS	6101 34TH STREET WEST, UNIT 16F		
CITY-ST-ZIP	BRANSON FL 32810		

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 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 607, 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

April 28, 2005 941.730.7211

Date _____

Daytime Phone # _____