

FILED
Apr 01, 2005 8:00 am
Secretary of State

DOCUMENT # J33211

**Mailing Address**

1900 E. ROBINSON.
SUITE A
ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2759971

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

SPENCER, STEVEN A.
1900 E. ROBINSON
SUITE A
ORLANDO, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | PSTD |
| NAME | GOULDER, PAMELA BURNS |
| STREET ADDRESS | 36X000EBS66666x3000XNAtLantdcx Ave#7 |
| CITY-ST-ZIP | ORDANNEO32020 Bayona XChyYTX 82kMx |

| | |
|----------------|--------------------|
| TITLE | |
| NAME | 4311 Anderson Road |
| STREET ADDRESS | Orlando, FL 32812 |
| CITY-ST-ZIP | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 ENROLLING OFFICER OR DIRECTOR

Pamela B. Goulder

7 D31

Daytime Phone # _____