

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06122008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2747362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVANE, WILLIAM N. JR.
5701 OVERSEAS HIGHWAY
SUITE 17
MARATHON, FL 33050

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEFIELD, ROBERT E.	
STREET ADDRESS	11425 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEFIELD, ROBERT E.	
STREET ADDRESS	11425 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNN, MICHAEL	
STREET ADDRESS	11425 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DEFIELD, LYNDIA	
STREET ADDRESS	11425 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	P/VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, MICHAEL	
STREET ADDRESS	11425 OVERSEAS Highway	
CITY-ST-ZIP	MARATHON, FL 33050	
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 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:

Michael Dunn

MICHAEL DUNN

6-16-08

305-743-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #