

Jan 11, 2006 08:00 AM
Secretary of State

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01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3716396	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**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 re-registering)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, JUDY 546 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, ROBERT 546 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINE, MARK 548 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINE, JANET 548 SOUTH HYER AVE ORLANDO, FL 32806
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 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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drinks

Devine Etchec 11