

FILED
Apr 28, 2008 8:00 am
Secretary of State

DOCUMENT # N01000002160



Mailing Address
14400 COVENANT WAY
BRADENTON, FL 34202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
WAGNER HAROLD
14400 COVENANT WAY
LAKE NAD RANCH, FL 34202

☒ Change ☐ Addition

TITLE **PD** ☒ Change ☐ Addition
NAME **KENNELLY BRIAN**
STREET ADDRESS **14407 COVENANT WAY**
CITY - ST - ZIP **LAKELAND RANCH, FL 34202**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

ROBERT WEBER 4.23.08

Date _____

Daytime Phone #