

FILED
Apr 15, 2008 08:00 AM
Secretary of State



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CR2E037 (4/06)

4. FEI Number 59-1978208	Applied For
	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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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 _____

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

04/28/08-80019-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCBRIDE, SUE 2121 FARMS RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EDWARDS, WALTER P.O. BOX 8, NA LLOYD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAYTON, GREGORY 1822 BARRINGTON RD. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HATFIELD, PAULETTE 709 WHIPPOORWILL RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 SIGNING OFFICER OR DIRECTOR

Treasure

4-14-08

Date _____

250.997.5309

Daytime Phone: _____