FILED Apr 10, 2008 8:00 am Secretary of State

2008 NOT-FOR-PROFIT CORPORATION

Zip Country		ANNUA	L KEPUKI		04-10-	2008 9001	8 035 ****61.25		
Solie. Apt. #. etc. 2. Principal Place of Business - No P.O. Box # 3. Melting Address Suite. Apt. #. etc. City & State Street Address of Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 Fiorida. I am familiar with, and the City of State of	1. Entity Nam	ne						,	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State Desired SCHLEIN, EDWARD M 708 NEWELL HILL RD LEESBURG, FL 34748 City City City City 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 the obligations of registered agent. SIGNATURE Signate, bent or primed name or registered spent and life if applicates. POTE Registered Agent spenture inventions: POTE Registered Agent spenture inventions: SIGNATURE Signate, bent or primed name or registered spent and life if applicates. POTE Registered Agent spenture inventions: POTE Registered Agent spenture inventions: Signate Address (P.O. Box Number is Not Acceptable) DATE Zip Code FL Zip Co	610 E. MAIN STREET		610 E. MAIN STREET						
City & State Country Country Country Country Country Country Expected Address of Country Expected Address of Country City FL City	Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zip Country Zip Country Zip Country S. Certificate of Status Desired S.75 Addison Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SiGNATURE Filling Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Address of New Registered Agent agreed agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agreed agent agreed agent agreed agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida Defect of Florida Defect agreed agent agreed agent agreed agent, or both, in the State of Florida Defect of Florida Defect agreed agent agreed agent agreed agent agreed agent agreed agent, or both, in the State of Florida Defect of Florida Defect agreed agent agreed agent agreed agent, or both, in the State o	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 CI	hg-NP	CR2E037 (12/06)	; ;	
September Sept	City & State		City & State		4. FEI Number 20-062576	 37	→	pplied For lot Applicable	
6. Name and Address of Current Registered Agent SCHLEIN, EDWARD M 708 NEWELL HILL RD LESSBURG, FL 34748 City 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 the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INITE PD SIRET ADDRESS CITY-ST-ZP ROBUCK, H.D. JR SIRET ADDRESS CITY-ST-ZP INITE MAKE STORE AGRESS CITY-ST-ZP INITE Delete INITE NAME SIRET ADDRESS CITY-ST-ZP INITE Delete INITE Delete INITE NAME SIRET ADDRESS CITY-ST-ZP INITE Delete IN	Zip	Country	Zip	Country			□ \$8.75 Ad	Iditional	
SCHLEIN, EDWARD M 708 NEWELL HILL RD LEESBURG, FL 34748 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent or printed name of represent spenses agent and titler aspickable. Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIRET ADDRESS OTH -ST-2P TORS NEWELL HILL RD LEESBURG, FL 34748 TITLE SOBUCK, H.D. JR 610 E MAIN STREET CITY-ST-2P TORS NEWELL HILL RD LEESBURG, FL 34748 TITLE SCHLEIN, KAY C TOR NEWELL HILL RD LEESBURG, FL 34748 TITLE SCHLEIN, KAY C TOR NEWELL HILL RD LEESBURG, FL 34748 TITLE NAME SIRET ADDRESS OTY-ST-2P TITLE ODelde TITLE TORSTON THE ADDRESS OTY-ST-2P TORSTON TORSTON THE ADDRESS OTY-ST-2P TORSTON TORSTON THE ADDRESS TORSTON THE ADDRESS TORSTON TO		6. Name and Address of Curren	it Registered Agent	-"	7. Name and Add	Iress of New F			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, highed or printed harme of registered agent and site if applicable. (NOTE Registered Agent signature required when rematating) DATE	708 NEW	ELL HILL RD		Street Address		Not Acceptable	e)		
B. 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 the obligations of registered agent. SIGNATURE Signature, typed or portion name of registered agent and site of applicable. (NOTE Registered Agent separate required when remissing) DATE		0,12 04140							
the obligations of registered agent. SiGNATURE Signature, typed or ponted name of registered agent and title if applicable. (NOTE Registered Agent signature required when remastance) Pilling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD SCHLEIN, EDWARD M NAME SIREET ADDRESS OTY-ST-2P LEESBURG, FL 34748 TITLE NAME ROBUCK, H.D. JR NAME SIREET ADDRESS OTY-ST-2P NAME SCHLEIN, KAY C SIREET ADDRESS OTY-ST-2P ITTLE NAME SIREET ADDRESS OTY-ST-2				City	 		FL Zip Coo	de	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD SCHLEIN, EDWARD M STREET ADDRESS OTTY-ST-2P LEESBURG, FL 34748 TITLE ROBUCK, H.D. JR STREET ADDRESS OTTY-ST-2P LEESBURG, FL 34748 TITLE STD Delete TITLE NAME STREET ADDRESS OTTY-ST-2P LEESBURG, FL 34748 TITLE STD Delete TITLE NAME STREET OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS OTTY-ST-2P CHANGE STREET ADDRESS OTTY-ST-	the obligat	tions of registered agent.				the State of Flo		, and accept	
TITLE		•	9. Election Cam	paign Financing	\$5.00 May Be	I	fake check payable	to .	
NAME STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME ROBUCK, H.D. JR STREET ADDRESS CITY-ST-ZIP TITLE STD STREET ADDRESS CITY-ST-ZIP TITLE NAME SCHLEIN, KAY C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME SCHLEIN, KAY C SCHLEIN, KAY C STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change	10.		PIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS II	N 10	
NAME STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD SCHLEIN, KAY C STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME SCHLEIN, KAY C STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change Change	NAME STREET ADDRESS	SCHLEIN, EDWARD M 708 NEWELL HILL RD	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change Change	NAME STREET ADDRESS	ROBUCK, H.D. JR 610 E MAIN STREET	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE	NAME STREET ADDRESS	SCHLEIN, KAY C 708 NEWELL HILL RD	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
_ •			☐ Delete				☐ Change	ncitibbA 🔲	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes.								`. 	

Interest certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Profitod Statutes. Floring 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/08

Date

352-314-3177

Daytime Phone #