

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 010 \*\*\*\*61.25

40000000



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-0206982

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PLYE, MICHAEL A  
1655 N. CLYDE MORRIS BLVD  
SUITE #1  
DAYTONA BEACH, FL 32117

## 7. Name and Address of New Registered Agent

Name  
P & D Management, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
1655 N. Clyde Morris Blvd, Suite #1  
City  
Daytona Beach, FL Zip Code  
32117

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 *Michael A Pyle* President of P & D Management LLC 1/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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

## 10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME PYLE, MICHAEL A  
STREET ADDRESS 1655 N. CLYDE MORRIS BLVD, SUITE #1  
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE T ☐ Delete  
NAME VELIE, CARL P  
STREET ADDRESS 1659 N. CLYDE MORRIS BLVD, SUITE #3  
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE V ☐ Delete  
NAME COLEMAN, CHARLES A  
STREET ADDRESS 619 N. BEACH STREET  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Michael A Pyle* 1/9/08 386 6159007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #