

FILED
May 11, 2006 8:00 am
Secretary of State

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Mailing Address
S.R. 39 SOUTH
P.O. BOX 733
LITHIA, FL 33547

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04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2387488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~WEBB, DANIEL L~~
~~4451 W. KEYSVILLE RD~~
~~PLANT CITY, FL 33567~~

Powers, Scott
15028 Eaglerise Dr.
Lithia, FL 33547

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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 reinstalling)

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	VP
NAME	POWERS, SCOTT Smith, David A.
STREET ADDRESS	16028 EAGLERIDGE DR. 1405 Buell Ct.
CITY - ST - ZIP	LITHIA, FL 33547 Plant City, FL 33567

TITLE	S	Patrigiani
NAME	GREENWOOD, BRENDA	Natasha Patrigiani
STREET ADDRESS	14911 LANE HOLLOW WAY	10408 Ashley Oaks Dr.
CITY-ST-ZIP	LITHIA, FL 33547	Riverview, FL 33564

TITLE	T
NAME	KOSS, ROBIN
STREET ADDRESS	8840 CAREY RD
CITY - ST - ZIP	LITHIA, FL 33547

TITLE	VP
NAME	DAVIS, TEDDY
STREET ADDRESS	6510 DURANT RD.
CITY-ST-ZIP	DURANT, FL 33530

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: Robin Koss Robin Koss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2006
Date

813-404-
4629