

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N04000005484



**Mailing Address**  
**643 CEDAR BLUFF DR**  
**PENSACOLA, FL 32506**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; 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

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
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☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change    ☒ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #