

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N04000005816

**Mailing Address**  
2741 ASHBURY LN  
CANTONMENT, FL 32533

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

02062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
51-0541254

Applied For
Not Applicable

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

**8. Name and Address of Current Registered Agent**

7. Name and Address of New Registered Agent

COHEN, JOEL M  
2741 ASHBURY LN.  
CANTONMENT, FL 32533

Name \_\_\_\_\_

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 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 \_\_\_\_\_

**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**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	EDWARDS, WILLIAM	
STREET ADDRESS	2750 ASHBURY LN	
CITY - ST - ZIP	CANTONMENT, FL 32533	

TITLE	D	<input checked="" type="checkbox"/> Deleted
NAME	REGIMBOL, RAY	
STREET ADDRESS	2748 ASHBURY LN	
CITY - ST - ZIP	CANTONMENT, FL 32533	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, HARRY	
STREET ADDRESS	2705 ASHBURY LN	
CITY - ST - ZIP	CANTONMENT, FL 32533	

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, JOEL M.	
STREET ADDRESS	2741 ASBURY LANE	
CITY-ST-ZIP	CANTONMENT, FL 32533	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGELO, MICHAEL	
STREET ADDRESS	2724 ASHBURY LANE	
CITY - ST - ZIP	CANTONMENT, FL 32533	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	2752 ASHBURY LANE	
CITY - ST - ZIP	CANTONMENT, FL 32533	

TITLE	Vesper, Carl (P)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	2722 Ashbury Ln		
CITY-ST-ZIP	CA Laguna Hills	FI	32533

TITLE	MIMMS, DANNY (VP)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	2721 Ashbury Ln		
STREET ADDRESS	Carrollwood FL 32533		
CITY-ST-ZIP			

TITLE	COWAN, ROBERT (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	2742 Ashbury Ln.		
STREET ADDRESS			
CITY-ST-ZIP	Camden NJ 08103		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 850.478-1027

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_