

FILED
Apr 18, 2007 8:00 am
Secretary of State

40000430



04052007 No Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent
REINDERS, JAMES M 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINDERS, JAMES M 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, MARK S 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLOOM, KEN 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____