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May 05, 2005 8:00 am
Secretary of State

DOCUMENT # N04000010377

Mailing Address
457 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

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4. FEI Number	N/A	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

Name	Edward L. Schwarz	
Street Address (P.O. Box Number is Not Acceptable)	140 S. Atlantic Avenue Suite 203	
City	Ormond Beach	FL Zip Code 3216

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/05
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Edward L. Schwarz		
STREET ADDRESS	140 S. Atlantic Ave. Ste.203		
CITY-ST-ZIP	Ormond Beach, FL 32176		

TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James R. Schwarz		
STREET ADDRESS	140 S. Atlantic Ave. Ste.203		
CITY-ST-ZIP	Ormond Beach, FL 32176		

TITLE Ormond Beach, FL 32176 ☐ Change ☐ 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		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

386.672.8530

Date _____

Daytime Phone #