## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004898

FILED Apr 12, 2007 Secretary of State

illity iva	me: THE JES		
urrent P	rincipal Plac	e of Business:	New Principal Place of Business:
	DNATA AVE SSA, FL 3444	163443	
urrent Mailing Address:			New Mailing Address:
.O. BOX OMOSA:	4319 SSA, FL 3444	16	P.O. BOX 4319 HOMOSASSA, FL 34447
El Number	: 20-2850712	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:
266 S SC	RD, MARK DNATA AVE SSA, FL 3444	163443 US	
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registered office or registered agent, or bot
the State	e of Florida. <sup>*</sup> RE:		
the State	e of Florida. <sup>*</sup> RE:	submits this statement for the	
the State	e of Florida. <sup>*</sup> RE:	nic Signature of Registered A	
the State GNATUI  FFICER:  lle: ame: ldress:	e of Florida.  RE: Electro  S AND DIRECT  P/CD ( LUNSFORD, N 7266 S SONA	onic Signature of Registered ACTORS: ) Delete MARK	gent Date
the State	e of Florida.  RE: Electro  S AND DIREC  P/CD ( LUNSFORD, M 7266 S SONA' HOMOSASSA,  STD ( BOLES, JOSE 7266 S SONA'	onic Signature of Registered ACTORS:  ) Delete MARK TA AVE , FL 344463443  ) Delete	gent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
the State GNATUI  FFICER  le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida.  RE:  Electro  S AND DIRECT  P/CD ( LUNSFORD, N. 7266 S SONA' HOMOSASSA,  STD ( BOLES, JOSE 7266 S SONA' HOMOSASSA,  D ( LUNSFORD, F. 7266 S SONA'	onic Signature of Registered ACTORS:  ) Delete MARK TA AVE , FL 344463443  ) Delete EPH TA AVE , FL 344463443  ) Delete RUTH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: TD (X) Change ( ) Addition Name: CHERYL, SANDERS G Address: 2001 83RD AVENUE N #1288

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LUNSFORD Ρ 04/12/2007