

FILED
Jun 08, 2006 8:00 am
Secretary of State

DOCUMENT # N05000005755



Mailing Address
374 PINNEY WOODS ROAD
MONTICELLO, FL 32344

3. Mailing Address
Correct Address
Suite, Apt. #, etc.

City & State

Zip	Country
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06022006 Chg-NP CR2E037 (4/06)

4. FBI Number
20-4602992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, BURNETTE C
374 PINNEY WOODS ROAD
MONTICELLO, FL 32344

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 September 6, 2006

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	THOMPSON, BURNETTE	
STREET ADDRESS	374 PINNEY WOODS ROAD	
CITY - ST - ZIP	MONTICELLO, FL 32344	

TITLE	DVC	<input type="checkbox"/> Deleted
NAME	KING, IRENE	
STREET ADDRESS	1979 WAUKEENAH HIGHWAY	
CITY - ST - ZIP	MONTICELLO, FL 32344	

TITLE:	DS	- - <input type="checkbox"/> Deleted
NAME	BERRIAN, SHARON	
STREET ADDRESS	4381 ROCKINGHAM ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

TITLE	DT	<input type="checkbox"/> Delete
NAME	KING, MARTIN	
STREET ADDRESS	1979 WAUKEENAH HIGHWAY	
CITY-ST-ZIP	MONTICELLO, FL 32344	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Barrian W, Tobbie		
STREET ADDRESS	4381 Rockingham Road		
CITY-ST-ZIP	Tallahassee, Fl. 32303		

TITLE	Washington, Shirley 4 Alexander Rd. Lemont, Fl. 32336	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jackson, Mervin		
STREET ADDRESS	1979 Waukegan Highway		
CITY-ST-ZIP	Monticello Fl. 32344		

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	DATE	TIME	LOCATION	STATUS
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Danette Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/06

Date _____

850-644-2591