

FILED
Feb 25, 2008 8:00 am
Secretary of State

DOCUMENT # N05000006997



Mailing Address
804 NICHOLAS PKWY E
2
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP CR2E037 (4/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904

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IN THIS SPACE**

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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	PD
NAME	POWELL, MARJORIE
STREET ADDRESS	804 NICHOLAS PKWY E #2
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	VD
NAME	NISWONGER, THOMAS
STREET ADDRESS	1137 GOLDEN OLIVE COURT
CITY - ST - ZIP	SANIBEL, FL 33957

TITLE	STD
NAME	HERTZ, SCOTT
STREET ADDRESS	804 NICHOLAS PKWY E #2
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

27908

Date _____

239458-8811

Daytime Phone #