## **2008 NOT-FOR-PROFIT CORPORATION**

FILED Mar 31, 2008 8:00 am

Country   Zip   Country   Status Desired   \$8.75 Additional Fee Required   Se. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   Name   Nam					- Sec	cretary	OT STA	Le
### Principal Pace of Statemess - No PO. Box #   3. Mailing Address    Suite, Apt. #. etc.	1. Entity Name					•		
Suite, Apt 8, etc.    Suite, Apt 8, etc.   Suite, A	2058 OAK MARSH DR 2058 OAK MARSH DR			32034			gener ikke leter etlik (di	MG1 OL ION
City & State  Country  Coun	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Regulated   \$8.75 Additional Fee Regulated	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262008 Ch	g-NP CF	22E037 (12/06)	
Exp. Country	City & State		City & State		4. FEI Number	-839013	8 1	oplied For ot Applicable
Name	Žip	Country	Zip	Country			\$8.75 Add	
DOYLE, WILLIAM A 2058 OAK MARSH DR FERNANDINA BEACH, FL 32034  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 Fords. I am familiar with, and ac the obligations of registered agent.  SIGNATURE    Signature, lipide on protect name of registered agent or the inspectation.   POTE Registered Agent squarture required when intensiting)   DATE		6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Regist	ered Agent	
STREET ALDRESS OTH'S 1-72P  TITLE NAME STREET ALDRESS OTH	DOVIE W	TI I IAM A		Name				
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 act the obligations of registered agent.  SIGNATURE    Signature   Signature, typed or privide name of registered agent and the it applicable. (MOTE: Registered Agent signature required when retreating)   DATE	2058 OAK MARSH DR			Street Address	s (P.Ö. Box Number is N	fot Acceptable)		
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 ac the obligations of registered agent.  SIGNATURE    Signature   Survature, typed or private remaind implanted agent are the inspectable.   (NOTE Registered Agent suprature required when minimately)   DATE	4.0	- No. 1		City			Zip Cod	e
THE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-	<u> </u>							•
Filting Foe is \$61.25   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Floride Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.    TITLE   DOYLE, WILLIAM A   2058 QAK MARSH DR   FERNANDINA BEACH, FL 32034   TITLE   MAKE STREET ADDRESS   CITY-ST-2P   CITY-ST-2P    TITLE   MAKE STREET ADDRESS   CITY-ST-2P   CITY-ST-2P    TITLE   MAKE STREET ADDRESS   CITY-ST-2P    TITLE	the obligation of the street o	ons of registered agent.						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STRE	Filing Fee is \$81.25 9. Election Campaign F				40100 (ma) 00			
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI		•						
STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TI		Due by May 1, 2008	Trust Fund Con	etribution.	Added to Fees	Florida (	Department of S	tate
CITY-ST-ZIP  TITLE   MAKE STREET ADDRESS   CITY-ST-ZIP  TITLE   MAKE	10.	Due by May 1, 2008 OFFICERS AND DI	Trust Fund Con	11.	Added to Fees	Florida (	Department of S	tate
TITLE	10. TITLE NAME	Due by May 1, 2008  OFFICERS AND DIE  D  DOYLE, WILLIAM A	Trust Fund Con	11.  TITLE NAME	Added to Fees	Florida (	Department of S	tate
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	10. TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIE  DOYLE, WILLIAM A  2058 OAK MARSH DR	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida (	Department of S	tate
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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	10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIE  DOYLE, WILLIAM A  2058 OAK MARSH DR	Trust Fund Con  RECTORS  Delete  Delete  Delete  Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida (	Department of S  ND DIRECTORS IN  Change  Change	Addition  Addition

I nereby certify that the information supplied with this filling 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 attactivent with an address, with all other like empowered.

GNATURE:

3-17-08

909-2171-3932

SIGNATURE: