

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N08838



Mailing Address  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

02212008 Chq-NP CR2E037 (12/06)

4. FEI Number  
59-2782189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 reinslating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**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
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TITLE	PD	<input type="checkbox"/> Delete
NAME	GORBET, CHARLEEN	
STREET ADDRESS	6281 TIMBERLAKE DR H-1	
CITY-ST-ZIP	SARASOTA, FL 34243	

TITLE	DS	<input type="checkbox"/> Delete
NAME	OSTOYICH, MATT	
STREET ADDRESS	6221 TIMBERLAKE DR C-8	
CITY-ST-ZIP	SARASOTA FL 34243	

TITLE	T	<input type="checkbox"/> Delete
NAME	SEARS, TOM	
STREET ADDRESS	6211 TIMBERLAKE DR B-6	
CITY-ST-ZIP	SARASOTA, FL 34243	

TITLE	D	
NAME	LARocca, TERRY	
STREET ADDRESS	6281 TIMBERLAKE DR H-3	
CITY - ST - ZIP	SARASOTA, FL 34243	

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLEY, PETER	
STREET ADDRESS	6291 TIMERLAKE DR I-3	
CITY-ST-ZIP	SARASOTA, FL 34243	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	✓ <u>ADD</u>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SILVIA WILLENBRINK		
STREET ADDRESS	6292 TIMBERLAKE DR #T4		
CITY-ST-ZIP	SARASOTA FL 34243		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
SHEET 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-2008

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_