

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

DOCUMENT # N09295



Mailing Address
P O BOX 2676
RIVERVIEW, FL 33568-2676 US

Suite, Apt. #, etc.

City & State

Country

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2644005

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 reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILBURN, SANDRA	
STREET ADDRESS	8801 MARC DAVID LN.	
CITY - ST - ZIP	GIBSONTON, FL 335345131	

TITLE	SD	 Delete
NAME	QUALLS, CANDY	
STREET ADDRESS	10936 COUNTRY HAVEN DR	
CITY - ST - ZIP	GIBSONTON, FL 335345131	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRACY, ROBERT	
STREET ADDRESS	10928 COUNTRY HAVEN DR	
CITY-ST-ZIP	GIBSONTON, FL 335345131	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ARDVENGO, CHRISTINE	
STREET ADDRESS	13046 WATER BOURNE DR	
CITY - ST - ZIP	GIBSONTON, FL 33534	

TITLE	D	<input type="checkbox"/> Delete
NAME	KARPPINEN, GREG	
STREET ADDRESS	10934 COUNTRY HAVEN DR	
CITY - ST - ZIP	GIBSONTON, FL 33534	

TITLE	DA	<input type="checkbox"/> Delete
NAME	KILL, LISA	
STREET ADDRESS	3801 FOURESS LANE	
CITY - ST - ZIP	GIBSONTON, FL 33534	

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	3D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert Pierce		
STREET ADDRESS	10918 Country Haven Dr.		
CITY - ST - ZIP	Gilberton FL 33534		

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"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone ●