

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

\_\_\_\_\_

1st MOORE CR2E037 (10/05)

4. FEI Number	59-2364178	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

SCOTT, EUGENE  
2144 SW COUNTY ROAD 661  
PO BOX 358  
ARCADIA FL 34266

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 renewing) Date: \_\_\_\_\_

FILE NOW: FEE IS \$61.25  
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, EUGENE	
STREET ADDRESS	2144 SW COUNTY ROAD 661	
CITY- ST- ZIP	ARCADIA FL 34266	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	))))))445090	
STREET ADDRESS	02/07/06-80029-017 61.25	
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOUGHREN, ROBERT	
STREET ADDRESS	3744 NE 10HNER AVE	
CITY-ST-ZIP	ARCADIA FL 34266	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRITTON, SIDNEY	
STREET ADDRESS	4481 SE N. HOG BAY EXT.	
CITY-ST-ZIP	ARCADIA FL 34266	

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

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

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

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

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

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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 Section 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* Eugene S. Pitt 7-21-01 963-494-565