

FILED
Feb 11, 2008 8:00 am
Secretary of State

DOCUMENT # N10582

Mailing Address
870 HOLLYWOOD BLVD
WEST MELBOURNE, FL 32904 US

3. Mailing Address
P.O. Box 120208

Suite, Apt. #, etc.

City & State
West Melbourne, FL

Zip	Country
32412-0208	US

02052008 Chg-NP CR2E037 (12/06)

4. FBI Number
59-2155844

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

RAETHER, DALE
870 HOLLYWOOD BOULEVARD
WEST MELBOURNE, FL 32904

Name: _____

Street Address (P.O. Box Number is Not Acceptable)

City

F1	Zip Code
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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 \$81.25
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHMEYER, TIM	
STREET ADDRESS	282 VELVET AVE NE	
CITY-ST-ZIP	PALM BAY, FL	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLACKLEDGE, JOHN	
STREET ADDRESS	PO 100047	
CITY - ST - ZIP	PALM BAY, FL 32910	

TITLE	S	<input type="checkbox"/> Delete
NAME	PALETA, ROY	
STREET ADDRESS	4084 SNOWY EGLERT DR. NW	
CITY - ST - ZIP	MELBOURNE, FL 32904	

TITLE	D	<input type="checkbox"/> Delete
NAME	UNSETH, AL	
STREET ADDRESS	2975 SOUTH HIGHWAY A1A, 121	
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNTON, LEE	
STREET ADDRESS	1687 E STARDUST DR	
CITY-ST-ZIP	MALABAR, FL 32950	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOELZER, DAVID	
STREET ADDRESS	702 BAY VIEW CT	
CITY - ST - ZIP	MELBOURNE, FL 32940	

TITLE	Michael Degutis 820 Gabriel Avenue NE Palm Bay, FL 32907	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Matthew Eserhut		
STREET ADDRESS	557 Westchester Avenue		
CITY-ST-ZIP	Melbourne, FL 32935		

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	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bret Fencil		
STREET ADDRESS	3210 Canopy Drive		
CITY-ST-ZIP	Melbourne, FL 32435		

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

Michael Deautis 02/07/2008 321-768-1500

Date: _____

Daytime Phone #