

FILED
Mar 31, 2008 8:00 am
Secretary of State

DOCUMENT # N12618

Mailing Address
C/O COMMUNITY ACCT & MGMT, INC.
40347 US. 19 N, STE 129
TARPON SPRINGS, FL 34689

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2831235

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

F1

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 reinstalling)

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	HALL, SAMUEL	
STREET ADDRESS	PO BOX 146 1465 GESSOP RD	
CITY-ST-ZIP	DANSVILLE, MI 48819	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SELLAS, CATHERINE	
STREET ADDRESS	356 WINDDRUSH LOOP	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFEN, PAT	
STREET ADDRESS	5861 BAYDY PEAK R	
CITY-ST-ZIP	OSAGE BEACH, MO 65065	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, JACKIE	
STREET ADDRESS	PO BOX 146 1465 GESSOP RD	
CITY - ST - ZIP	DANSVILLE, MI 48819	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFEN, DALE	
STREET ADDRESS	5861 BAYDY PEAK RD	
CITY - ST - ZIP	OSAGE BEACH, MO 65065	

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	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOCONE, SAL		
STREET ADDRESS	3294 NEPTUNE AVE		
CITY - ST - ZIP	OCEANSIDE NY 11572		

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	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFPEN, DALE		
STREET ADDRESS	5861 BADA BEACH RD		
CITY-ST-ZIP	OSAGE BEACH MO 65065		

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

3/18/08

727 934-5250

Date _____

Daytime Phone #