

FILED
Apr 26, 2007 8:00 am
Secretary of State

DOCUMENT # N24277



Mailing Address
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2906688

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 reinstalling)

DATE _____

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
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TD	<input type="checkbox"/> Delete
DIAMOND, FRANK	
1043 WEATHERFIELD DR	
DUNEDIN, FL	

D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIAMOND, FRANK		
1043 WEATHERSFIELD DR		
DUNEDIN FL 34698		

PD ☐ Delete
STONE, JOHN
657 WEATHERSFIELD DR
DUNEDIN, FL 34698

SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
BOREE, DIANE		
813 WEATHERSFIELD DR		
DUNEDIN FL 34698		

D  Delete
WIELINSKI, MATT
645 WEATHERSFIELD DR
DUNEDIN, FL 34698

TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
BLAINE, KENNETH		
651 WEATHERSFIELD DR		
DUNEDIN FL 34698		

SD ☐ Delete
THIELEMEIER, CHRISTEL
774 LITCHFIELD LANE
DUNEDIN, FL 34698

D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
THIELEMEIER, CHRISTEL 774 LITCHFIELD LN DUNEDIN FL 34698		

D SMITH, JOHN
1056 WEATHERSFIELD DR
DUNEDIN, FL 34698

D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CLARK, BOB		
790 WEATHERSFIELD DR		
DUNEDIN FL 34698		

VPD ☐ Delete
GUZIK, ARLENE
886 WEATHERSFIELD DR
DUNEDIN, FL 34698

☐ Change ☐ Addition

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 # _____