

FILED
Mar 12, 2007 8:00 am
Secretary of State

DOCUMENT # N27108

Mailing Address
TREASURER
PO BOX 321344
COCOA BEACH, FL 32932

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

03052007 Chq-NP CR2E037 (12/06)

4. FEI Number
59-2942835

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KESSEL, C.V. JR.
3000 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32932-1225

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, 2007**

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 | P/D | Star Deleted |
| NAME | MULBERRY, BRENDA | |
| STREET ADDRESS | 450 BRIGHTWATERS DR | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |

| | | |
|-----------------|-----------------------|----------------------------------|
| TITLE | V/D | <input type="checkbox"/> Deleted |
| NAME | PERESLULA, EDMOND J | |
| STREET ADDRESS | 15 AZALEA DR | |
| CITY - ST - ZIP | COCOA BEACH, FL 32931 | |

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | S/D | <input type="checkbox"/> Delete |
| NAME | PRITCHETT, LARRY | |
| STREET ADDRESS | 5115 WILDWOOD AVENUE | |
| CITY - ST - ZIP | MERRITT ISLAND, FL 32953 | |

| | | |
|----------------|------------------------------|----------------------------------|
| TITLE | T/D | <input type="checkbox"/> Deleted |
| NAME | HEBERT, CHARLES K | |
| STREET ADDRESS | 5200 OCEAN BEACH BLVD, # 214 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |

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

| | |
|----------------|---------------------------------|
| 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 | P/S | <input checked="" 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 | HENDERSIN, LARRY E. | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | 1680 BAYSHORE DR. | | |
| STREET ADDRESS | COCOA BEACH, FL. 32931 | | |
| 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:

Charles K. Hebert CHARLES K. HERBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 321-784-2457

Date _____

Daytime Phone # _____