

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N27861



Mailing Address  
10036 SAWGRASS DRIVE  
SUITE 1  
PONTE VEDRA BEACH, FL 32082

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

01162008 Chq-NP CR2E037 (12/06)

4. FEI Number  
59-2953478

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 Cynthia O'Neil

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

210 MAY MANAGEMENT  
5455 AIA S

City St. Augustine

<b>FL</b>	Zip Code 32080
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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

ations of registered agent.

Goodwin H Neil

(NOTE: Registered Agent signature required when reinstating)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 Delete Delete☐ Delete

Delete

☐ Delete☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>

☒ Change    ☐ Addition☒ Change    ☐ Addition☒ Change      ☐ Addition☒ Change      ☐ Addition☐ Change      ☐ Addition☐ 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:**

R. Kneran, PRESIDENT

1/30/08

Daytime Phone #