

FILED
Jan 19, 2006 8:00 am
Secretary of State

DOCUMENT # N94000004585

Mailing Address
509 FALLIN WATERS DR
MARY ESTHER, FL 32569 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3273912

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

FI	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 \$61.25
Due by May 1, 2006

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
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Channel ☒ 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:

John C. Marshall John C. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

850-581-4449

Date _____

Daytime Phone #