

FILED
Feb 06, 2008 8:00 am
Secretary of State

40018453



01302008 Chg-NP CR2E037 (12/06)

4. FEI Number	Applied For
59-2997526	Not Applicable

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

Principal Place of Business	Mailing Address
3900 MARRIOTT DRIVE	P O BOX 28441
SUITE K	BAY POINT, FL 32411-8441 US
PANAMA CITY BEACH, FL 32408	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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HALL, HENRY 467 WAHOO RD BAY POINT, FL 32411-7115	Name
	Street Address
	City

7. Name and Address of New Registered Agent

<div> <div>FL</div> <div>Zip Code</div> </div>	
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALL, HENRY 467 WAHOO RD BAY POINT, FL 324117115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GINTOLI, JEFF 1114 REDFISH BAY POINT, FL 324117824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LISSOR, GREG 408 WAHOO RD BAY POINT, FL 324117127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dcan Resch Secretary 814 DOLPHIN DR. BAY POINT, FL 32411-8492	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROOKS, DAVID 441 WAHOO RD BAY POINT, FL 32411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLER, JOYCE 617 AMBERJACK DR BAY POINT, FL 324117642	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, VAN 922 COBIA BAY POINT, FL 324117580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Todd Williams Director 1730 WAHOO CIRCLE BAY POINT, FL 32411-7941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

2/1/08 (850-234-2727)

Date _____

Daytime Phone # _____