

FILED
Apr 27, 2006 8:00 am
Secretary of State

400000

[illegible]

02082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3455554	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

DURATE, ANTONIO__
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	 Delete
NAME	HEADEN, ERNEST	
STREET ADDRESS	727 KENSINGTON LAKE CIRCLE	
CITY - ST - ZIP	BRANDON, FL 33511	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SETTER, TODD	
STREET ADDRESS	621 KENSINGTON LAKE CIR	
CITY - ST - ZIP	BRANDON, FL 33511	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	SOLOMON, BONNIE	
STREET ADDRESS	410 KENSINGTON LAKE CIR	
CITY - ST - ZIP	BRANDON, FL 33511	

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

TITLE	Sec/Trea.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D'Amico		
STREET ADDRESS	1011 Kensington Lake Cr.		
CITY-ST-ZIP	Brandon FL 33511		

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Bonnie M. Solomon Bonnie M. Solomon 3/22/06 (813) 980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #