

DOCUMENT # N97000003514



Mailing Address
722 APEX RD
UNIT E
SARASOTA, FL 34240

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

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	PD	<input type="checkbox"/> Delete
NAME	DON, ZIRKELBACH	
STREET ADDRESS	2211 58TH AVE E	
CITY - ST - ZIP	BRADENTON, FL 34203	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKHART, GREG	
STREET ADDRESS	2312 58TH AVE E	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BERUFF, CARLOS	
STREET ADDRESS	2212 58TH AVE E	
CITY- ST- ZIP	BRADENTON, FL 34203	

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE	<div>B 4/18/08</div>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Zirkelbaeh, Don		
STREET ADDRESS	2211 58th AVE E		
CITY-ST-ZIP	Brenton, FL 34203		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Burkhardt, Greg		
STREET ADDRESS	2312 58th AVE E		
CITY-ST-ZIP	Bridgeton, FL 34603		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000125270990
STREET ADDRESS	04/23/08--01018--013 **61.25
CITY-ST-ZIP	

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

941-378-2328

Date _____

Daytime Phone # _____