

FILED
Apr 04, 2007 8:00 am
Secretary of State

DOCUMENT # N97000004564

Mailing Address
P.O. BOX 780305
SEBASTIAN, FL 32978-0305

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

03302007 Chg-NP CR2E037 (12/06)

4. FBI Number
65-1016894

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

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, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, PATRICK	
STREET ADDRESS	774 HOLDEN AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIEBESHEIMER, RICHARD	
STREET ADDRESS	743 HOLDEN AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALMA	
STREET ADDRESS	699 S. EASY STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958	

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

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

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	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT MARTIN		
STREET ADDRESS	744 HOLDEN AVE		
CITY-ST-ZIP	SEBASTIAN FL 32958		

FILE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT JOHANSON		
STREET ADDRESS	141 S. EASY ST.		
CITY-ST-ZIP	SEBASTIAN, E 32958		

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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

ROBERT JOHNSON

Dyste

Daytime Phone #