

FILED
Feb 16, 2006 08:00 AM
Secretary of State

1. Entity Name

**Mailing Address**

4710 S.E. HIGHWAY 70 EAST
ARCADIA FL 34266

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FET Number

65-0337717

	Applied For	Not Applied
1. Name		
2. Address		
3. City		
4. State		
5. Zip		
6. Phone Number		
7. Email Address		
8. Date of Birth		
9. Social Security Number		
10. Marital Status		
11. Number of Children		
12. Annual Income		
13. Education Level		
14. Employment Status		
15. Occupation		
16. Years of Experience		
17. Reason for Applying		
18. References		
19. Signature		
20. Date		

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 renewing)

DATE _____

FILE NOW: 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	<input type="checkbox"/> Delete
NAME	BYRD, ROGER	
STREET ADDRESS	2991 SE AIRPORT RD	
CITY-ST-ZIP	ARCADIA FL 34266	


TITLE	D	<input type="checkbox"/> Delete
NAME	FORSYTH, CLARA	
STREET ADDRESS	1351 NE LEISURE AVE	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN SICKLE, CAROLYN	
STREET ADDRESS	3295 SR 64 E	
CITY - ST - ZIP	WAUCHULLA FL 33873	

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"/> 
NAME		
STREET ADDRESS		
CITY-ST-ZIP	U000000436441	

TITLE _____

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

☐ Change ☐ Add/Remove

☐ Change ☐ Add Item
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Add'n
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE ☐ Change ☐ U.S. MAIL
 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 Section 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 Lee D. Boyd Ranger D. Boyd 2/11/01 (014)003-3001