

FILED
Apr 13, 2005 8:00 am
Secretary of State

DOCUMENT # N99000001893

The seal of the State of Florida is circular. It features a central scene with a palm tree, a ship, and a sun. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address

29129 JOHNSTON ROAD
DADE CITY FL 33523

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

59-3605060

Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Narne

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 reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ford, John		
STREET ADDRESS	29129 Johnston Road # 2504		
CITY-ST-ZIP	Del. City 51225-27		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Olson, Eric		
STREET ADDRESS	29129 Johnston Road #10-4		
CITY, ST, ZIP			

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

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kellar, S. Lee		
STREET ADDRESS	29129 Johnston Road #21-16		
CITY-ST-ZIP	Dallas, TX 75229		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Belohlavek, Herman		
STREET ADDRESS	29129 Johnston Road # 2622		
CITY-ST-ZIP	Dulles, VA 22022		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Goodacre, Mary Lou		
STREET ADDRESS	29129 Johnston Road #11-32		
CITY, ST, ZIP	North City, TX 75062		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DOUGLAS Pedersen 4/6/05 352-588-2013

Date _____

Daytime Phone #