

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

4000000-

[illegible]

02122007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
NOT APPLICABLE	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

FOX, M LANNING  
3473 S.E. WILLOUGHBY BLVD.  
STUART, FL 34994

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOSS, ARDEN JR.	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY - ST - ZIP	JENSEN BEACH, FL 34957	

TITLE	CSTD	<input type="checkbox"/> Delete
NAME	MOTTRAM DOSS, RENEE	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY - ST - ZIP	JENSEN BEACH, FL 34957	

TITLE	CST	<input type="checkbox"/> Delete
NAME	ROWE, RHONDA S	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY - ST - ZIP	JENSEN BEACH, FL 34957	

TITLE	V	<input type="checkbox"/> Delete
NAME	MOTTRAM, JEFFREY S	
STREET ADDRESS	200 COLONIAL CENTER PKWY - SUITE 130	
CITY - ST - ZIP	LAKE MARY, FL 32746	

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

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

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3731 N.E. PINEAPPLE AVE. - SUITE C200
CITY - ST - ZIP	JENSEN BEACH FL 34957

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3731 N.E. PINEAPPLE AVE. - SUITE C200
CITY - ST - ZIP	JENSEN BEACH FL 34957

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3731 N.E. PINEAPPLE AVE. - SUITE C200
CITY - ST - ZIP	JENSEN BEACH, FL 34957

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 607, 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

RENÉE M. DOSS

4/24/e7

Date \_\_\_\_\_

772-692-7800

Daytime Phone #