

FILED
Apr 16, 2007 8:00 am
Secretary of State

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Mailing Address

Lehigh Acres FL 33971

DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3659839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUPO, DAVID T ESQ.
1100 FIFTH AVENUE SOUTH, SUITE 301
NAPLES, FL 34102

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IN THIS SPACE**

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 \$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
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TITLE	VP
NAME	SMITH, C K
STREET ADDRESS	6400 SHOREWOOD DRIVE
CITY-ST-ZIP	ARLINGTON, TX 76016

TITLE	T
NAME	SMITH, CAROL Smith, Brandi
STREET ADDRESS	6400 SHOREWOOD DRIVE 8805 Tamiami Tr.
CITY- ST- ZIP	ABELINGTON, TX 76606 Naples FL 34108

TITLE	P
NAME	SMITH, KEN
STREET ADDRESS	8805 TAMiami TR N. 158
CITY-ST-ZIP	NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/5/07

Date _____

Daytime Phone # _____

239
825-5186