

04/28/2005 00:13 5616941639

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90060 033 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

| <b>DOCUMENT # P00000085193</b><br>1. Entity Name<br><b>BLUE HAVEN POOLS OF TAMPA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------|----------------------------|--|--|-------------------------------------------------------|--|--|-------|------|--------------------------------------------------------------|-------|------|-------------------------------------------------------------------|----------------|-----------------|--|----------------|-----------------------|--|-------------|----------------|--|-------------|-----------------|--|--|---------------------|--|--|--|--|-------|----|---------------------------------|-------|--|-------------------------------------------------------------------|------|---------------|--|------|-----------------------|--|----------------|------------------|--|----------------|-----------------|--|-------------|---------------------|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|---|------------------------------------------------------------------------------|------|--|--|------|----------------|--|----------------|--|--|----------------|-----------------------|--|-------------|--|--|-------------|-----------------|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|---|------------------------------------------------------------------------------|------|--|--|------|--------------|--|----------------|--|--|----------------|-----------------------|--|-------------|--|--|-------------|-----------------|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|
| Principal Place of Business<br><b>14926 N FLORIDA AVE<br/>         TAMPA, FL 33613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | Mailing Address<br><b>14926 N FLORIDA AVE<br/>         TAMPA, FL 33613</b>                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><b>14926 N. Florida Ave.</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | 3. Mailing Address<br><b>909 Lake Carolyn Pkwy.</b><br><small>Suite, Apt. #, etc.</small><br><b>150</b><br>City & State<br><b>Irving, TX</b><br>Zip<br><b>75039</b> Country<br><b>USA</b>                                                                                                                                                                                                                                               |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| City & State<br><b>Tampa, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | 4. FEI Number<br><b>74-2973535</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | Applied For<br><input type="checkbox"/> Not Applicable |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Requested <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | 6. Name and Address of Current Registered Agent<br><b>SPILLERS, WILLIAM K<br/>         26540 RISEN STAR DR.<br/>         WESLEY CHAPEL, FL 33544</b>                                                                                                                                                                                                                                                                                    |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>Corporate Creations Network, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11380 Prosperity Farms Road #221E</b><br>City<br><b>Palm Beach Gardens</b> FL Zip Code<br><b>33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | 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.<br>SIGNATURE: <i>Jessie Vella, Vice President</i> 4/28/05<br><small>(Signature, Name of Officer or Director of Corporation and Title if Applicable) (Signature of Registered Agent if Applicable)</small> |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                          |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/> New <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2ABERER, RONALD</td> <td></td> <td>STREET ADDRESS</td> <td>14926 N. Florida Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2981 MACDONALD</td> <td></td> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33613</td> <td></td> </tr> <tr> <td></td> <td>OCEANSIDE, CA 92154</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WATERS, CHRIS</td> <td></td> <td>NAME</td> <td>14926 N. Florida Ave.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4855 GLACIER AVE</td> <td></td> <td>STREET ADDRESS</td> <td>Tampa, FL 33613</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN DIEGO, CA 92120</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Ronald Zaberer</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>14926 N. Florida Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33613</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Chris Waters</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>14926 N. Florida Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33613</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  | TITLE | NAME | <input type="checkbox"/> New <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 2ABERER, RONALD |  | STREET ADDRESS | 14926 N. Florida Ave. |  | CITY-ST-ZIP | 2981 MACDONALD |  | CITY-ST-ZIP | Tampa, FL 33613 |  |  | OCEANSIDE, CA 92154 |  |  |  |  | TITLE | ST | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | WATERS, CHRIS |  | NAME | 14926 N. Florida Ave. |  | STREET ADDRESS | 4855 GLACIER AVE |  | STREET ADDRESS | Tampa, FL 33613 |  | CITY-ST-ZIP | SAN DIEGO, CA 92120 |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Ronald Zaberer |  | STREET ADDRESS |  |  | STREET ADDRESS | 14926 N. Florida Ave. |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Tampa, FL 33613 |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Chris Waters |  | STREET ADDRESS |  |  | STREET ADDRESS | 14926 N. Florida Ave. |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Tampa, FL 33613 |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                | <input type="checkbox"/> New <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                            | TITLE                                                 | NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2ABERER, RONALD     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                        | 14926 N. Florida Ave.                                  |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2981 MACDONALD      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY-ST-ZIP                                           | Tampa, FL 33613                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OCEANSIDE, CA 92154 |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST                  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE                                                 |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATERS, CHRIS       |                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME                                                  | 14926 N. Florida Ave.                                  |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4855 GLACIER AVE    |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                        | Tampa, FL 33613                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SAN DIEGO, CA 92120 |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY-ST-ZIP                                           |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE                                                 | D                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME                                                  | Ronald Zaberer                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                        | 14926 N. Florida Ave.                                  |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY-ST-ZIP                                           | Tampa, FL 33613                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE                                                 | D                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME                                                  | Chris Waters                                           |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                        | 14926 N. Florida Ave.                                  |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY-ST-ZIP                                           | Tampa, FL 33613                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE                                                 |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME                                                  |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                        |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY-ST-ZIP                                           |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 in an attachment to an address, with all other like empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |
| SIGNATURE: <i>Ronald Zaberer</i> President/Director<br><small>(Signature and Typed or Printed Name of Officer or Director or Receiver)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                                              |       |      |                                                                   |                |                 |  |                |                       |  |             |                |  |             |                 |  |  |                     |  |  |  |  |       |    |                                 |       |  |                                                                   |      |               |  |      |                       |  |                |                  |  |                |                 |  |             |                     |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |   |                                                                              |      |  |  |      |              |  |                |  |  |                |                       |  |             |  |  |             |                 |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |

40077318



04222005 CR-P CR25004 (10/03)

4. FEI Number  
**74-2973535**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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: *Jessie Vella, Vice President* 4/28/05

FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

14926 N. Florida Ave. Tampa, FL 33613

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

14926 N. Florida Ave. Tampa, FL 33613

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

D Ronald Zaberer 14926 N. Florida Ave. Tampa, FL 33613

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

D Chris Waters 14926 N. Florida Ave. Tampa, FL 33613

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 in an attachment to an address, with all other like empowered.

SIGNATURE: *Ronald Zaberer* President/Director

(Signature and Typed or Printed Name of Officer or Director or Receiver)