| ARASOTA, FL 34240 SARASOT DO NOT WRITE IN T 6. Name and Address of Current Registered Address | Image: Constant of the second state | nstarng) DATE |
|---|---|--|
| 6. Name and Address of Current Registered Address of Registered Addres of Registered Address of Registered Address of Regis | e. (NOTE: Registered Agent signature required when re- | 42007 No Chg-P CR2E034 (11/05) El Number 55-1055605 Applied For Not Applicable ertificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE ent. or both, in the State of Florida. I am familiar with, and accept instatug) DATE ay Be |
| KELTY, NATHAN 143 INTERSTATE COURT SARASOTA, FL 34240 A. The above named entity submits this statement for the purpose the obligations of registered agent. Signature, typed or presed name of registered agent and bits if applicable FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 0. OFFICERS AND DIRECTORS ITLE DP AME KELTY, NATHAN | of changing its registered office or registered ag e. (NOTE: Registered Agent source required when n Election Campaign Financing\$5.00 k | IN THIS SPACE |
| the obligations of registered agent. GNATURE Sgneture, typed or protect name of registered agent and title (applicable FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 . OFFICERS AND DIRECTORS .E DP WE KELTY, NATHAN | e. (NOTE: Registered Agent signature required when re- | nstarng) DATE |
| NE DP ME KELTY, NATHAN | | |
| IV-SI-ZP SARASOTA, FL 34240 | | |
| LE DV WE KELTY, CAROLE DET ADDRESS 1044 MEADOW BREEZE LANE Y-ST-ZIP SARASOTA, FL 34240 LE | | U00000698989 04/19/07-80024-014 150.00 |
| ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP | <u></u> | DO NOT WRITE IN THIS SPACE |
| LE ME EEET ADORESS Y-ST-ZIP LE | | |
| WE RET ADDRESS Y-ST-ZP . I hereby certify that the information supplied with this filing doe indicated on this report or supplemental/geport isfrue and accr of the corporation or the receiver or trustee endownered to exe | es not qualify for the exemptions contained in Ci urate and that my signature shall have the same cutte this/record as required by Chapter 607 Flor | apter 119. Florida Statutes. I further certify that the information spal effect as if made under cath; that I am an officer or director ta Statutes; and that my name appears in Block 10 or Block 11 if |
