DOCUMENT # P01000018583	DOCUMENT # P01000018583       04-16-2007 90069 032 ***150.00         Fredga Marce of Business       Mailing Address         Mailing Address       105 RCHM0ND AVE S         Lefting Marce of Business       105 RCHM0ND AVE S         Lefting Marce of Business       105 RCHM0ND AVE S         Lefting Marce of Business       No P.O. Box #         State, Apr. # dic       03282007         Chy & State       03282007         Chy & State       Chy & State         State, Apt. # dic       03282007         Chy & State       Chy & State	2007 FOR PROF	T CORPORA	TION	FILED Apr 16, 2007 8:0 Secretary of Sta	0 ar ite
Principal Place of business       Malling Address         105 RICHMOND AVE S LEHIGH ACRES, FL 33936       US         2. Principal Place of Business - No P.O. Box #       105 RICHMOND AVE S LEHIGH ACRES, FL 33936       US         3. Mailing Address       Suite, Apt. #, etc.       03282007       ChgP       CR2E034 (12/06)         City & State       City & State       4. FEI Number 65-1083971       Apple         Zip       Country       S. Certification of Status Desired       \$8.75 Addling 75 Addling         ANNOGO, JOHN J       Country       S. Certification of Status Desired       \$8.75 Addling         MANGO, JOHN J       Country       S. Certification of Status Desired       \$8.75 Addling         MANGO, JOHN J       Country       S. Certification of Status Desired       \$8.75 Addling         City       FEL       Zip Code       City       State Of Robinson and Address of New Registered Agent         MANGO, JOHN J       City       FEL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FEL       Zip Code         Street Mays 1, 2007 Fee will be Stote.on       Protected agent.       Protected agent.       City       City       City       City         Store May 1, 2007 Fee will be Stote.on       Protected agend and tife Agelcade.       Protected agend	Manup Accress     Name Accress       IDB RCHMOND AVES     IDB RCHMOND AVES       LEMICH ACRES, FL 33935     US       LIMICH ACRES, FL 33935     Solido, Apl. #, elic.       Solido, Apl. #, elic.     Solido, Apl. #, elic.       Solido, Apl. #, elic.     Solido, Apl. #, elic.       City & Same     Cry & Suito       Zip     Country       Zip     <	DOCUMENT # P01000018583 1. Entity Name				
Suite, Api. #, etc.       Suite, Api. #, etc.       03282007       Chg-P       CR2E034 (12/06)         City & State       City & State       4. PEI Number       Applie         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Addition Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         MANGO, JOHN J       105 RICHMOND AVE       Street Address (P.O. Box Number is Not Acceptable)       City         LEHIGH ACRES, FL 33936       City & State       VOTE Hegtered Agent genuine requistered agent, or both, in the State of Photida. Lam familiar with, and the obligation of registered agent, state of Photida. Lam familiar with, and the obligation of registered agent genuine requistered agent, or both, in the State of Photida. Lam familiar with, and the obligation of registered agent and the family submits this statement for the purpose of changing his registered agent execute agent, or both, in the State of Photida. Lam familiar with, and the obligation of registered agent and the familiar with, and the obligation of registered agent and the familiar with and the obligation of registered agent.       OATE         Stena TMAUE       9. Election Campaign Financing Trust Fund Contribution.       Added to Fees       OATE         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INME       Image         10.       OFFICERS AND DIRECTORS<	Suite, Apl, #, etc.     Suite, Apl, #, etc.     03282007     Chg-P     CR2E034 (1206)       City & Saire     City & Saire     City & Saire     Applied For (Nx Applied 65-1083971     Applied For (Nx Applied 65-1083971       Zip     Country     Zip     Country     S. Centification of Sailua Desired     Site (Nx Applied For 65-1083971       Zip     Country     Zip     Country     S. Centification of Sailua Desired     Site (Nx Applied For For Applied For (Nx Applied For For Applied For (Nx Applied For For Applied For For Applice For For Applied For For Applice For For Applied For F	105 RICHMOND AVE S	105 RICHMOND AVE		,	
City & State       City & State       4, FEI Number       Applied         Zip       Country       Zip       Country       5. Certification of Status Desired       State         Zip       Country       Zip       Country       5. Certification of Status Desired       State         MANGO, JOHN J       105 RICHMOND AVE       Imme       Name       Street Address (P.O. Box Number is Not Acceptable)         City & State       City & State       Imme       Street Address (P.O. Box Number is Not Acceptable)         Street Address of origitations of registered agent       Name       Street Address (P.O. Box Number is Not Acceptable)         City & 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 the obligations of registered agent.       OATE         Steen Address to origitation agent and tile / applicable       (MOTE Registered Agent segulare request when tensating)       OATE         FILE NOWILI FEE IS \$150.00       P. Election Campaign Financing       \$5,00 May Be       Chite       Imme         MANGO, JOHN J       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       Imme         Inte       DP       Imme       Imme       Imme       Imme       Imme       Imme         Inte       VTD <td>City &amp; State City &amp; FL Zip Code City City &amp; FL City City City City City City City City</td> <td>2. Principal Place of Business - No P.O. Box #</td> <td>3. Mailing Address</td> <td></td> <td></td> <td></td>	City & State City & FL Zip Code City City & FL City City City City City City City City	2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Zip     Country     Zip     Country     5. Certificate of Status Desired     \$8.75 Addition       Status Desired     5. Certificate of Status Desired     \$8.75 Addition     \$8.75 Addition       MANGO, JOHN J     105 RICHMOND AVE     Name     Name       B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.     Off       Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       B. 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 the obligations of registered agent.     Other Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.       SIGNATURE     Street Address To Office agent and the regulated     (NDTE Registered Agent agenture regulated when restating)     DATE       Signature, typed or primed name of registered agent.     Imagenture regulated when restating)     DATE       Signature, typed or primed name of registered agent and the regulated     (NDTE Registered Agent agenture regulated when restating)     DATE       Signature, typed or primed name of registered agent.     Imagenture regulated when restating)     DATE       Signature, typed or primed name of registered agent.     Imagenture regulated when restating)     DATE       Signature, typed or primed name of regi	Zip         Country         Zip         Country         4. Certification of Status Desired         \$8,75,458460001           2ip         Country         4. Certification of Status Desired         \$8,75,458460001         Fee Reputed           4. Name and Address of Current Registered Agant         7. Name and Address of New Registered Agant         7. Name and Address of New Registered Agant           105 FRICHMOND AVE         Street Address (P.O. Box Number is Not Acceptable)         Crip         FL         Zip Code           106 RICHMOND AVE         Street Address (P.O. Box Number is Not Acceptable)         Crip         FL         Zip Code           107 Regressed Agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Porice. Lam tambler with, and acceler adgent or registered agent, or both, in the State of Porice. Lam tambler with, and acceler adgent agent and the regress and and the statement for the purpose of changing its registered Agent agent memory agent and the statement for the suppose of contribution.         Added to Fees           SIGNATURE         Persona, force a prime trave all registered agent in registered Agent agent memory agent memory agent and the statement for the suppose of contribution.         Added to Fees           SIGNATURE         Persona, force a prime trave all registered agent.         Ontro         Ontro           Intel May 1, 2007 Fee will be \$550,00         Prove fees adent agent and the registered agent.         Ontre	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03282007 Chg-P CR2E034 (12/06)	
S. Name and Address of Current Registered Agent     S. Name and Address of New Registered Agent     Amage      Aname     MANGO, JOHN J     IOS RICHMOND AVE     LEHIGH ACRES, FL 33936     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code     City     FL     Zip Code     City     FL     Zip Code     Street Address of New Registered agent     Interview agent     Interview agent     City     FL     Zip Code     Street Address     (NOTE: Registered Agent signature required when remaining)     Date     Signature, typed or primed rame of registered agent     Interview		City & State	City & State			
MANGO, JOHN J 105 RICHMOND AVE LEHIGH ACRES, FL 33936	MANGO, JOHN J TOS RICHMOND AVE LEHIGH ACRES, FL 33936	Zip Country	Zip	Country	5 Certificate of Status Desired Status Addi	
105 RICHMOND AVE       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.       International agent and the implicable.       (NOTE: Registered Agent signature required when reinstaing)       DATE         SIGNATURE	105 RICHMOND AVE LEHIGH ACRES, FL 33936       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         0.       Orginate special constraints in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Ploride. I am tamilar with, and acceptable)         SIGNATURE       Signate, special constraints of inspitered agent and the flagshoot.       (MIE Hogshow Agent agent and inspitered agent and the flagshoot.       ONIE         SIGNATURE       Signate, special constraints of inspitered agent and the flagshoot.       (MIE Hogshow Agent agent agent and the flagshoot.       ONIE         After May 1, 2007 Fee will be \$550.00       P. Election Campelign Financing Trust Fund Contribution.       \$5.00 May 8a Added to Precees Anno Directores Anno Directores In the mater Address in the Address in the Address in the Added to Precees Anno Directores In the mater Address in the Addres in the Address in the Address in the Addr	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
City     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent.     Iam familiar with, and the obligations of registered agent.       SIGNATURE       Signature, typed or printed name of registered agent and the # applicable.     (NOTE: Registered Agent signature regulad when reinstating)     DATE       Fille NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00     9. Election Campaign Financing Trust Fund Contribution.     \$5.00 May Be Added to Fees       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE     Change       Inte     DP     Delete     111.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE     Change       SIRET ADDRESS     105 RICHMOND AVE S     SIREET ADDRESS     CITV-S1-2IP     Change       Inte     VTD     Delete     TITLE     Change       NAME     SIRET ADDRESS     CITV-S1-2IP     Change     Change       INTE     Delete     TITLE     NAME     Change       SIRET ADDRESS     CITV-S1-2IP     Change     Change	City         FL         Zip Code           City         FL         Zip Code           City         FL         Zip Code           The abbrain and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with, and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with and acceleration of registered agent, or both, in the State of Rorids. I am tamiliar with and acceleration of registered agent, and the state of Rorids. I am tamiliar with and acceleration of registered agent, and the state of Rorids.           Internationary 1, 2007 Free with the State of Rorids. Internationary 1, 2007 Free with a material agent and the state of Rorids. Internationary 1, 2007 Free with Rorids. Internationary 1, 2007 Fred agent agent agent agent agent agent agent agent agent	105 RICHMOND AVE		Street Addres	(P.O. Box Number is Not Acceptable)	
B. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tills if applicable.  INDTE: Registered Agent signature required when remisting)  OATE  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Trust Fund Contribution.  DP  OFFICERS AND DIRECTORS  I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  MANGO, JOHN J  STREET ADDRESS  OTY-SI-ZIP  LEHIGH ACRES, FL 33936  IIILE NAME STREET ADDRESS  IOS RICHMOND AVE Delete IIILE NAME STREET ADDRESS  IOS RICHMOND AVE Delete IIILE NAME STREET ADDRESS IOS RICHMOND AVE STREET ADDRESS IOS RICHMOND STREET ADDRESS IOS RI				City	<b>CI</b> Zip Code	
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AME NAME TREET ADDRESS STREET ADDRESS	AME IRREET ADDRESS ITY-ST-ZIP 2. I hereby Certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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	After May 1, 2007 Fee will be \$550 0. OFFICERS ANI TILE DP MANGO, JOHN J 105 RICHMOND AVE S LEHIGH ACRES, FL 33936 ITV-SI-ZIP LEHIGH ACRES, FL 33936 ITUE VTD BAKER, SHERRI 105 RICHMOND AVE LEHIGH ACRES, FL 33936 ITUE LEHIGH ACRES, FL 33936 ITUE	DIRECTORS	11.         11TLE         NAME         STREEL ADDRESS         CILY-SI-ZIP         TITLE         NAME         STREEL ADDRESS         CITY-SI-ZIP	Added to Fees	Additio
AME NAME TREET ADDRESS STREET ADDRESS	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction 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 or Block 11 or Block 10 or Block 11 or Block 10 or Block 11	After May 1, 2007 Fee will be \$550         io.       OFFICERS ANI         ITLE       DP         MAME       MANGO, JOHN J         ITREET ADDRESS       105 RICHMOND AVE S         ITY-SI-ZIP       LEHIGH ACRES, FL 33936         ITLE       VTD         BAKER, SHERRI       105 RICHMOND AVE         ITREET ADDRESS       105 RICHMOND AVE         ITT-SI-ZIP       LEHIGH ACRES, FL 33936         ITLE       LEHIGH ACRES, FL 33936         ITLE       ITHE         ITREET ADDRESS       ITHE         ITREET ADDRESS       ITHE         ITREET ADDRESS       ITHE         ITHE       ITHE	DIRECTORS	11.         11TLE         NAME         STREEL ADDRESS         CILY-SI-ZIP         TITLE         NAME         STREEL ADDRESS         CITY-SI-ZIP         TITLE         NAME         STREEL ADDRESS         CITY-SI-ZIP	Added to Fees	Addilio