

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P01000089672



**Mailing Address**  
1639 BROOME STREET  
FERNANDINA BEACH, FL 32034

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip	Country
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04242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3746393</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLDS, RICHARD E	
STREET ADDRESS	1639 BROOME STREET	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	

TITLE	VP	<input type="checkbox"/> Delete
NAME	COLEMAN, EUGENE SR	
STREET ADDRESS	1006 SOUTH 10 STREET	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	

TITLE	T	<input type="checkbox"/> Delete
NAME	OLDS, AARON JR	
STREET ADDRESS	1639 BROOME STREET	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	

TITLE	S	<input type="checkbox"/> Delete
NAME	OLDS, DARLENE L	
STREET ADDRESS	PO BOX 28083	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	

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

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

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

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

TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Olds, Aaron Jr.		
STREET ADDRESS	1333 Dunn Avenue, #809		
CITY - ST - ZIP	Jacksonville - FL 32218		

TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Olds, Darlene L.		
STREET ADDRESS	10641 Villanova Road		
CITY - ST - ZIP	JACKSONVILLE - FL 32218		

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2006 (904) 577-5871  
Date Daytime Phone #