

FILED
Jan 24, 2005 08:00 AM
Secretary of State

The seal of the State of Florida is circular. It features a central emblem with a palm tree, a sun, and a ship. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "BY GOD WE TRUST" is at the bottom.

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0036203	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GESHAY, JOHN T 1025 1ST AVE SO NAPLES, FL 34102	<div style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>

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		DATE
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GESHAY, JOHN T 189 N. ST. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/25/05-80028-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and that I am 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 a address. You will be held empowered.

SIGNATURE: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-17-2005 (239) 261-6949