

FILED
Feb 20, 2006 8:00 am
Secretary of State

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Mailing Address
PO BOX 6662
OCALA, FL 34478

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (11/05)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____