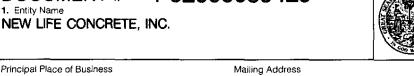
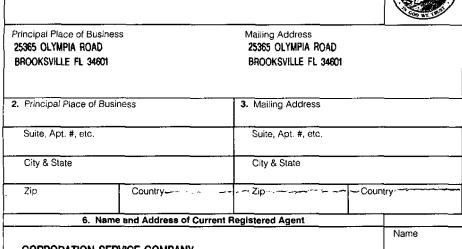
FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90139 040 ***150.00

P02000039429 1. Entity Name





☐ CHECK HERE IF MAKING CHANGES

•	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	7. Name and Address of New Re	gistered .	Agent

DATE

CORPORATION SERVICE COMPANY 1201 HAYS STREET	Street Address (P.O. Box Numb	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301						
	City	FL Zip Code				
 The above named entity submits this statement for the purpose of the obligations of registered agent. 	of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept				

8. T	he above named entity	submits this state	ement for the pur	pose of changing	its registered office	or registered agent,	or both, in the	e State of Florida.	I am familiar with,	and accept
th	ne obligations of registe	ered agent.								

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

	FILE	NOM!!!	FEE IS	\$150.00	
	After Ma	y 1, 2003	Fee will	l be \$550.00	
_ /	Shark Da		market n		CALA

Make Check Payable to Florida Department of State

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

9.	Election Campaign Financing
	Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D Laird, Paul 25365 Olympia Road Brooksville Fl 34601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRD, MARK 1871 E. JEFFERSON STREET BROOKSVILLE FL-34601	☐ Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRD, DARREN 25365 OLYMPIA ROAD BROOKSVILLE FL 34601	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E034 (10/02)