


**FILED**  
Jan 02, 2006 08:00 AM  
Secretary of State

Principal Place of Business	Mailing Address
100 S.W. 17TH STREET FT. LAUDERDALE, FL 33315	100 S.W. 17TH STREET FT. LAUDERDALE, FL 33315



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2374341	Applied For	
	Not Applicable	
5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required

SWITZER, ROBERT TIMOTHY  
100 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE	D
NAME	SWITZER, ROBERT TIMOTHY
STREET ADDRESS	7401 SW 6TH STREET
CITY - ST - ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, STEPHANIE L
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, STEVEN R
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, DAVID R
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000001320165  
01/11/06-80002-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

1-5-06 954-522-2403

Date \_\_\_\_\_

Daytime Phone #

Stephanie L. Switzer