

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**REGISTRATION**  
**STATEMENT**

570

... INC.



Mailing Address

BLVD  
 34446

8015 S SUNCOAST BLVD  
 HOMOSASSA, FL 34446



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2294138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHRISTENSEN, ROBERT R  
 8015 S SUNCOAST BLVD  
 HOMOSASSA, FL 34446

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000608196  
 01/31/07-80066-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT TATE, LARRY 11 BYRSONIMA CT. WEST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PONTICOS, STEVE 7 W. BYRSONIMA CT. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, RICHARD 10 LINDER CIRCLE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC CHRISTENSEN, ROBERT 4 SHORTLEAF COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Robert R Christensen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R Christensen

1-25-07 352-382-1700

Date Daytime Phone #