

FILED
Mar 06, 2006 08:00 AM
Secretary of State

1. Entity Name

Mailing Address

1805 DREW STREET
CLEARWATER FL 33765

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For	Not Applied For
<p>1. <u>_____</u></p> <p>2. <u>_____</u></p> <p>3. <u>_____</u></p> <p>4. <u>_____</u></p> <p>5. <u>_____</u></p> <p>6. <u>_____</u></p> <p>7. <u>_____</u></p> <p>8. <u>_____</u></p> <p>9. <u>_____</u></p> <p>10. <u>_____</u></p> <p>11. <u>_____</u></p> <p>12. <u>_____</u></p> <p>13. <u>_____</u></p> <p>14. <u>_____</u></p> <p>15. <u>_____</u></p> <p>16. <u>_____</u></p> <p>17. <u>_____</u></p> <p>18. <u>_____</u></p> <p>19. <u>_____</u></p> <p>20. <u>_____</u></p> <p>21. <u>_____</u></p> <p>22. <u>_____</u></p> <p>23. <u>_____</u></p> <p>24. <u>_____</u></p> <p>25. <u>_____</u></p> <p>26. <u>_____</u></p> <p>27. <u>_____</u></p> <p>28. <u>_____</u></p> <p>29. <u>_____</u></p> <p>30. <u>_____</u></p> <p>31. <u>_____</u></p> <p>32. <u>_____</u></p> <p>33. <u>_____</u></p> <p>34. <u>_____</u></p> <p>35. <u>_____</u></p> <p>36. <u>_____</u></p> <p>37. <u>_____</u></p> <p>38. <u>_____</u></p> <p>39. <u>_____</u></p> <p>40. <u>_____</u></p> <p>41. <u>_____</u></p> <p>42. <u>_____</u></p> <p>43. <u>_____</u></p> <p>44. <u>_____</u></p> <p>45. <u>_____</u></p> <p>46. <u>_____</u></p> <p>47. <u>_____</u></p> <p>48. <u>_____</u></p> <p>49. <u>_____</u></p> <p>50. <u>_____</u></p>	<p>1. <u>_____</u></p> <p>2. <u>_____</u></p> <p>3. <u>_____</u></p> <p>4. <u>_____</u></p> <p>5. <u>_____</u></p> <p>6. <u>_____</u></p> <p>7. <u>_____</u></p> <p>8. <u>_____</u></p> <p>9. <u>_____</u></p> <p>10. <u>_____</u></p> <p>11. <u>_____</u></p> <p>12. <u>_____</u></p> <p>13. <u>_____</u></p> <p>14. <u>_____</u></p> <p>15. <u>_____</u></p> <p>16. <u>_____</u></p> <p>17. <u>_____</u></p> <p>18. <u>_____</u></p> <p>19. <u>_____</u></p> <p>20. <u>_____</u></p> <p>21. <u>_____</u></p> <p>22. <u>_____</u></p> <p>23. <u>_____</u></p> <p>24. <u>_____</u></p> <p>25. <u>_____</u></p> <p>26. <u>_____</u></p> <p>27. <u>_____</u></p> <p>28. <u>_____</u></p> <p>29. <u>_____</u></p> <p>30. <u>_____</u></p> <p>31. <u>_____</u></p> <p>32. <u>_____</u></p> <p>33. <u>_____</u></p> <p>34. <u>_____</u></p> <p>35. <u>_____</u></p> <p>36. <u>_____</u></p> <p>37. <u>_____</u></p> <p>38. <u>_____</u></p> <p>39. <u>_____</u></p> <p>40. <u>_____</u></p> <p>41. <u>_____</u></p> <p>42. <u>_____</u></p> <p>43. <u>_____</u></p> <p>44. <u>_____</u></p> <p>45. <u>_____</u></p> <p>46. <u>_____</u></p> <p>47. <u>_____</u></p> <p>48. <u>_____</u></p> <p>49. <u>_____</u></p> <p>50. <u>_____</u></p>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE _____

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

**\$5.00 May Be
Added to Fees**

Make Check Payable to Florida Department of State

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**\$5.00 May Be
Added to Fees**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	INDIAN0457188
CITY-ST-ZIP	03/16/06-00059-023 150.00

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Changes	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

21 FEB 06

727-442-1822