

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # P03000048824

Mailing Address
3180 LAKE SAXON DRIVE
LAND O' LAKES FL 34639

3. Mailing Address
7011 Land O' Lakes Blvd.
Suite, Apt. #, etc.

MOORE CR2E034 (11/03)

City & State	
Land O'Lakes, FL 32311	
Zip	Country
34639	

4. FEI Number	Applied For
57-1164255	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASMAN, JEFFREY M ESQ
OWENS LAW GROUP, P.A.
811-B CYPRESS VILLAGE BLVD
RUSKIN FL 33573

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 registering)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	ALLEGER, CHARLES E JR	
STREET ADDRESS	3548 LAKE PADGETT DRIVE	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KRANENDONK, JAMES L	
STREET ADDRESS	3180 LAKE SAXON DRIVE	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAVENOMK JAMES		
STREET ADDRESS	2967 LAKE SAUND PI		
CITY - ST - ZIP	LAKE O' LAKE FL 34639		

TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, MARK A	
STREET ADDRESS	238 RUBY LAKE LANE	
CITY - ST - ZIP	WINTER HAVEN FL 33884	

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, BRIAN S	
STREET ADDRESS	3116 PINE SHADOW DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL 34639	

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	WITNER, DEAN A	
STREET ADDRESS	2301 OLD SENECA TURNPIKE	
CITY-ST-ZIP	MARCELLUS NY 13108	

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

TITLE	<input type="checkbox"/> Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone: 4