FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 011 ***150.00

**DFIT CORPORATION**
**UAL REPORT**

)146963

40068861

thway Ave
~~Mailing Address~~ 555 N. Hathaway Ave
~~401 E. HATHAWAY AVE.~~
BRONSON, FL 32621

**ITE IN THIS SPACE**

04252005 No Chg-P CR2E034 (10F03)

4. FEI Number 20-0667152 — Applied For / Not Applicable

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

Name and Registered Agent

**DO NOT WRITE IN THIS SPACE**

11. 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 my position as registered agent.

SIGNATURE: _____ DATE

FILING NOW ☐ FEE IS $150.00
After May 1, 2005 Fee will be $350.00

6. Electronic Campaign Financing Trust Fund Contribution. ☐ $5.00 may be Added to Fees

| 13. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | D |
| NAME | COOPER, ROBERT W |
| STREET ADDRESS | ~~401 E. HATHAWAY AVE.~~ PO Box 1351 |
| CITY-ST-ZIP | BRONSON, FL 32621 |
| TITLE | |
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| 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 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 offices the officer operates.

SIGNATURE: _____ 4/25/05
SIGN HERE AND TYPE OR PRINT NAME OF ORIGINAL OFFICER OR DIRECTOR — DATE

Apr. 26. 2005 9:15AM

04-26-2005 08:15 ROBBIE COOPER 3524862124 PAGE2