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5876 SOUTH ORANGE BLOSSOM TRAIL 5876 SOUTH ORANGE BLOSSOM TRAIL DAVENPORT, FL 33895 2. Principal Place of Business - Ko P.O. Box # 3. Mailing Address 06092007 Chg-P CR2E034 2. Drincipal Place of Business - Ko P.O. Box # 3. Mailing Address 0. High Number 06092007 Chg-P CR2E034 2. Drincipal Place of Business - Ko P.O. Box # 3. Mailing Address 0. High Number 0. High Number 0. High Number 2. Drincipal Place of Business - Ko P.O. Box # 3. Mailing Address Cay & State 0. High Number 0. High Number 2. Drincipal Place of Business of Current Registered Agent Cay & State . High Number Name State Appl. LED FOR \$ 3. State Appl. Appl. North CRANCE BLOSSOM TRAIL DAVENPORT, FL 33896 Name State Of Forda. Tam for the obligations of registered agent. Name Address (P.O. Box Number is Not Acceptable) 3. Mail Topic Transform DAVENPORT, FL 33896 Intel State of Forda. Tam for the obligations of registered agent. OMTE 10. OCFICERS AND DIFECTORS 11. Accordances (P.O. Box Number is Not Acceptable) OMTE 10. OFFICERS AND DIFECTORS 11. Accordances of New Registered of High Registered of High Registered of High Registered of High Registered agent. OMTE 10. Might	
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Zip Country Zip Country Security Security 27,9 Country S. Certificate of Status Desired \$50 6. Name and Address of Current Registered Agent Name Name 5. XTA, PAGAN Name Name 876 SOUTH ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable) AVENPORT, FL 33896 City FL In 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 fair the obligations of registered agent. In accordance with a State of Florida. I am fair the obligations of registered agent. IGNATURE Filte NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with a Store the officers and on registered agent agent and the factorial function on the contrabulation. Date 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In accordance with a Store acceptable and and a contrabulation. 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In accordance with a Store acceptable and acceptable and acceptable and acceptable acceptable. 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In accordance with a Store acceptable acceptable. 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO	(12/06)
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In the the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 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 B changed, or on an attachment with an address; with all other like empowered.	an officer or director
IGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SCHINGOFFICER OR DIRECTOR Date	Phone Phone