FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 23 PM 12:48

AUG 24 2012

T. CAULEY

DOCUMENT #
1. Entity Name: P04000046819

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2. Principal Place of Business (No P.O. Box #): 348 Kiwanis Circle, Suite, Apt. #, etc.
City & State: Chuluota FL
Zip: 32766 County: Seminole

3. Mailing Address: 348 Kiwanis Circle, Suite, Apt. #, etc.
City & State: Chuluota FL
Zip: 32766 County: Seminole

4. FEI Number: 20-0880548 — Applied For / Not Applicable

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

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6. Name and Address of Current Registered Agent:
Name: James Yarborough
Street Address (P.O. Box Number is Not Acceptable): 348 Kiwanis Circle
City: Chuluota FL Zip Code: 32766

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: _____ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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

TITLE	President
NAME	James W Yarborough
STREET ADDRESS	348 Kiwanis Cr
CITY-ST-ZIP	Chuluota FL 32766
TITLE	Vice President
NAME	Frances M Yarborough
STREET ADDRESS	348 Kiwanis Cr
CITY-ST-ZIP	Chuluota FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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11. 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 on an attachment with all other like empowered.

SIGNATURE: Frances M. Yarborough Frances M Yarborough 8/21/12 407-832-1737
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (TELEPHONE NUMBER)

Per telephone conversation with Frances Yarborough on 8/24/12
Gave verbal permission to enter RA information which remains
the same from previous AR's which is James Yarborough, no fax