

FILED
Apr 17, 2008 08:00 A
Secretary of State

6287 BRECKENRIDGE CIR.
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, VIRGINIA A
6287 BRECKENRIDGE CIR.
LAKE WORTH, FL 33467

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IN THIS SPACE**

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 restating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
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TITLE	D
NAME	POWELL, VIRGINIA A
STREET ADDRESS	6287 BRECKENRIDGE CIR.
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	V
NAME	POWELL, WILLIAM
STREET ADDRESS	6287 BRECKENRIDGE CIR.
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE
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STREET ADDRESS
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04/30/08-80066-018 150.00

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IN THIS SPACE**

12. 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 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 # _____