

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 026 ***150.00

Mailing Address
11682 TIMBERLINE CIRCLE
FORT MYERS, FL 33912 US
33966

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|----------------|
| 4. FEI Number 20-1304734 | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

CALHOUN, JOANNE C
11682 TIMBERLINE CIRCLE
FORT MYERS, FL 33912

**DO NOT WRITE
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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

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

| | |
|-----|------------------------|
| 10. | OFFICERS AND DIRECTORS |
|-----|------------------------|

| | |
|-----------------|---------------------------------------|
| TITLE | P |
| NAME | CALHOUN, JOANNE C |
| STREET ADDRESS | 11682 TIMBERLINE CIRCLE |
| CITY - ST - ZIP | FORT MYERS, FL 33942 33966 |
| TITLE | VP |
| NAME | MILLER, KENNETH M |
| STREET ADDRESS | 11682 TIMBERLINE CIRCLE |
| CITY - ST - ZIP | FORT MYERS, FL 33942 33966 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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 ()