


**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

66026498

<b>DOCUMENT # P04000137174</b>			
1. Entity Name <b>WEULLYNE GODFREY COMMANDER INC</b>			
Principal Place of Business <b>9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428</b>		Mailing Address <b>9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>COMMANDER, EWEULLYNE G 9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Eweullyne Godfrey Commander, Inc</i> DATE: <b>7-12-2005</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retaking)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P D</b> <input type="checkbox"/> Delete NAME: <b>COMMANDER, EWEULLYNE G</b> STREET ADDRESS: <b>9875 RIVERWOOD DRIVE WEST</b> CITY- ST- ZIP: <b>CRYSTAL RIVER, FL 34428</b>		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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 other like empowered.			
SIGNATURE: <i>Eweullyne G. Commander</i> DATE: <b>7-12-2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	