

FILED
Apr 29, 2005 8:00 am
Secretary of State

DOCUMENT # P04000150188

The Seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03132005 Chq-P CR2E034 (10/03)

4. FEI Number	Applied For
20-1847879	Not Applicable

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

6. Name and Address of Current Registered Agent

ANCHORS, MICHELLE
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	RICCI, NORMAN L	
STREET ADDRESS	342 EMERALD RIDGE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	

TITLE	VP	<input type="checkbox"/> Delete
NAME	RICCI, NORMAN L	
STREET ADDRESS	342 EMERALD RIDGE	
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	

TITLE	S	X Delete
NAME	RICCI, NORMAN L	
STREET ADDRESS	342 EMERALD RIDGE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	

TITLE	T	<input type="checkbox"/> Delete
NAME	RICCI, NORMAN L	
STREET ADDRESS	342 EMERALD RIDGE	
CITY-ST- ZIP	SANTA ROSA BEACH, FL 32459	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Virginia C. Giesen	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	558 Mooney Rd		
CITY-ST-ZIP	FT Worth TX 76141		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Norman L. Kravitz, p.c. NORMAN L. KRIVITZ JR.

3-15-05 850-862-5409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone •