

FILED
Mar 23, 2005 8:00 am
Secretary of State

DOCUMENT # P04000164459

Mailing Address

158 S. MAIN STREET
BROOKSVILLE, FL 34601

3. Mailing Address

905 S MILDRED

Suite, Apt. #, etc.

City & State

City & State
Brooksville FL

Zip

Zip

Country

Country

CR2E034 (10/03)

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

CHERRY STETTIN

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

Address (P.O. Box Number is Not Acceptable)
905 S. MILARCO ST.

City Bo

Brooksville

EI

Zip Code 34606 ✓

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

X C. D. Smith
(NOTE: Registered Agent signature required when reinstating.)

DATE 7-15-03

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" 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	

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

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

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: C. D. Stettin CHERRY Stettin 2-15-05 352-799-3801