

FILED
Mar 16, 2006 8:00 am
Secretary of State

DOCUMENT # P05000026013

Mailing Address
3023 CYPRESS TRAILS DR
POLK CITY, FL 33868

3. Mailing Address

Suite, Apt. #, etc. .

City & State

Country

Zip

Country

Chg-P

CR2E034 (11/05)

4. FEI Number

ber 20-237311 4

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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		

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____