

PD0000075243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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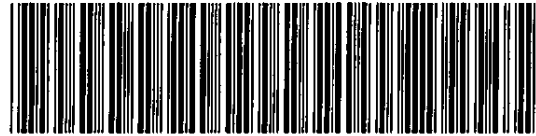
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 7/11/06
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stress Busters Fishing Charters
(Name of Corporation)

DOCUMENT NUMBER: PO6000075243

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen M. Martin
(Name of Contact Person)

Stephen M. Martin, P.A.
(Firm/Company)

Post Office Box 2765
(Address)

Lakeland, FL 33806-2765
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa R Munn at (863) 683-8765
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Legal Assistant

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Stress Busters Fishing Charters, Inc.
2. The principal office address: 3271 Curtis Dane Lane, Lakeland, FL 33813
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 5-31-2006 Document number: P06000075243
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephen M. Martin
1014 S. Florida Avenue
Lakeland, FL 33803

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Walter J. Brailey
3271 Curtis Dane Lane
(P.O. Box NOT acceptable)
Lakeland, FL 33813

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Georgeanne Brailey
(Signature of an officer or director)

Georgeanne Brailey, Vice Pres.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Georgeanne Brailey for Walter J. Brailey 6/22/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Walter J. Brailey
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Walter J. Brailey,
of 3271 Curtis Lane Lakeland, FL
the undersigned Principal, do hereby make and grant a general power of attorney to
Georgianne Brailey, of 3271 Curtis Lane Lakeland FL

and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | |
|-------------|---|
| <u>WB</u>] | (A) Real estate transactions |
| <u>WB</u>] | (B) Tangible personal property transactions |
| <u>WB</u>] | (C) Bond, share and commodity transactions |
| <u>WB</u>] | (D) Banking transactions |
| <u>WB</u>] | (E) Business operating transactions |
| <u>WB</u>] | (F) Insurance transactions |
| <u>WB</u>] | (G) Gifts to charities and individuals other than Attorney-in-Fact |
| <u>WB</u>] | (H) Claims and litigation |
| <u>WB</u>] | (I) Personal relationships and affairs |
| <u>WB</u>] | (J) Benefits from military service |
| <u>WB</u>] | (K) Records, reports and statements |
| <u>WB</u>] | (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select |
| <u>WB</u>] | (M) All other matters |

Durable Provision:

- WB] (N) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the grantor.

Other Terms:

