

**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000077145

**Mailing Address**  
320 GENERAL DOOLITTLE ROAD  
JACKSONVILLE, FL 32225 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (12/06)

FEI Number  
20-4980982

Applied For
Not Applicable

**\$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

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 registering)

DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMKOVICH, MICHAEL D	
STREET ADDRESS	320 GENERAL DOOLITTLE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32225	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMKOVICH, MICHAEL D	
STREET ADDRESS	320 GENERAL DOOLITTLE ROAD	
CITY-ST- ZIP	JACKSONVILLE FL 32225	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	TOMKOVICH, MICHAEL D	
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CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> Delete
NAME	TOMKOVICH, MICHAEL D	
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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		

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL TOMKOWSKI

4.25.7

904-695-7536

On the

### Dealing With Data