

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

40053600

\_\_\_\_\_

01292008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
TAFT, ELEANOR W 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103	Name CORINA, ROBERT D.	
	Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL NORTH, STE 400	
	City NAPLES	FL Zip Code 34103

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**

Robert D. Corina

4-11-08

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

(NOTE: Registered Agent signature required when reinstatement)

DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOOD, THOMAS J. 3003 TAMiami TRAIL NORTH, STE 400 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Thomas J. Flood 4/30/08

Date \_\_\_\_\_

Daytime Phone #

(239) 261-4455