

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

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02272008 Chg-P CR2E034 (12/06)

4. FEI Number 74-3245893	Applied For
	Not Applicable

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

**7. Name and Address of New Registered Agent**

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\_\_\_\_\_

\_\_\_\_\_.O. Box Number is Not Acceptable)

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<b>FL</b>	<b>Zip Code</b>
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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 reinstating) 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	D / SANTANGELO, DANIEL L 5260 BLUFF HAMMOCK ROAD LORIDA, FL 33857 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / P SantAngelo, Daniel L. 5260 Bluff Hammock Rd. Lorida, FL 33857 <input checked="" 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	D / S / T SantAngelo, Carla M 5260 Bluff Hammock Rd. Lorida, FL 33857 <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	D / VP Mattson, Roan C 5260 Bluff Hammock Road Lorida, FL 33857 <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
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 118, 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

Day

Don't miss a thing