

FILED

DOCUMENT # P37753



Mailing Address

P. O. BOX 10261
DAYTONA BEACH, FL 32120 US

DO NOT WRITE IN THIS SPACE



CR2E037 (4/06)

| |
|----------------|
| Applied For |
| Not Applicable |

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUNCH, BILLIE JEAN
249 BOB WHITE COURT
DAYTONA BEACH, FL 32119

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IN THIS SPACE**

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 reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

05/21/08-80124-003 70.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PRES |
| NAME | INGRAM, STEVEN J |
| STREET ADDRESS | 101 GREEN HERON |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32119 |

| | |
|----------------|-------------------------|
| TITLE | TRES |
| NAME | INGRAM, CHERYL |
| STREET ADDRESS | 101 GREEN HERON |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32119 |

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | SWILLING, DAPHNE |
| STREET ADDRESS | P.O. BOX 21449 |
| CITY-ST-ZIP | CHATTANOOGA, TN 37242 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | OLIVER, CLYDE |
| STREET ADDRESS | 2505 FORREST RUN DR. |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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:

Cheryl Ingram Cheryl INGRAM

4-24-08

386-255-0662
Daytime Phone