| CORPO<br>ANNUAL                                                                                                                                                                                                                   | REPORT                                        |                                                                                                                                           | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 075 HIGHWAY ATA<br>ATELLITE BEACH FL 32937<br>IS                                                                                                                                                                                  |                                               |                                                                                                                                           | P. O. BOX 729<br>MELBOURNE FL 32902<br>US                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DO NOT WRITE IN THIS SPACE<br>3. Date Incorporated or Qualifed                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
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| Principal Place of                                                                                                                                                                                                                | · · ·                                         | AIA [2a.                                                                                                                                  | Mailing Address                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4. 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| 2510 S<br>Suite, Apt. #, etc                                                                                                                                                                                                      |                                               |                                                                                                                                           | Suite, Apt. #, etc.                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. 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| City & State                                                                                                                                                                                                                      | •                                             | 27                                                                                                                                        | City & State                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. Election Campaign Financir                                                 | <sup>19</sup> - \$5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e Required<br>.00 May Be<br>ded to Fees |
| <u>++, +1</u><br>.219                                                                                                                                                                                                             | erce,<br>Coun                                 |                                                                                                                                           | Zip                                                                                                                               | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Trust Fund Contribution 8. This corporation owes the c Personal Property Tax. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
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Name and Address of New                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| 1077 HW<br>SATELLII                                                                                                                                                                                                               | /y a1a<br>Te beach fl 3                       | 32937                                                                                                                                     |                                                                                                                                   | 82 Street /<br>105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address (P.O. 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| Burguent to the                                                                                                                                                                                                                   | - provisions of Sa                            | ctions 607 0502 and 60                                                                                                                    | 07 1508 Elorida Statutes                                                                                                          | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| office or registe<br>agent. I any fan<br>GNATURE                                                                                                                                                                                  | ered agent, or bot<br>niliar with, and ac     | ections 607.0502 and 60<br>th, in the State of Florid<br>coept the obligations of,<br>and a set of registered agent and title if          | a. Such change was au<br>Section 607.0505, Florid                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 29                                      |
| office or registe<br>agent. I any fait<br>GNATURE                                                                                                                                                                                 | ered agent, or bot<br>niliar with, and ac<br> | th, in the State of Florid<br>cept the obligations of,                                                                                    | la. Such change was au<br>Section 607.0505, Florid<br>Gell Jun<br>repolicable: (NOTE F                                            | s, the above-named<br>thorized by the corporation<br>a Statutes.<br>A i + A ,<br>registered Agent signature re<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Woddell                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
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| office or register<br>agent. I aprian<br>SNATURE<br>E P<br>E DE<br>EET ADDRESS P.                                                                                                                                                 | HARDER, ROBI<br>0. BOX 37266                  | th, in the State of Florid<br>coept the obligations of.<br>The of registered agent and title if<br>OFFICERS AND DIRE<br>ERT<br>7 N/A      | la. Such change was au<br>Section 607.0505, Florid<br>Gell Jun<br>repolicable: (NOTE F                                            | s, the above-named<br>thorized by the corporation of the statutes.<br>A 1 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A | ADDITIONS/CHANGES TO<br>D, P, S, T<br>Robert Dettender                        | DATE<br>OFFICERS AND DIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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Such change was au<br>Section 607.0505, Florid<br>Gell Jun<br>repolicable: (NOTE F                                            | s, the above-named<br>thorized by the corporation of the statutes.<br>A 1 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A 2 + A | ADDITIONS/CHANGES TO<br>RODERT DEHENDER                                       | DATE<br>OFFICERS AND DIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CTORS IN 12                             |
| office or register<br>agent. I arrtan<br>SNATURE Signer<br>E P<br>E P<br>E DE<br>E DE<br>E SAURESS P.<br>-ST-ZIP SA<br>E<br>E                                                                                                     | HARDER, ROBI<br>0. BOX 37266                  | th, in the State of Florid<br>coept the obligations of.<br>The of registered agent and title if<br>OFFICERS AND DIRE<br>ERT<br>7 N/A      | Ia. Such change was aut<br>Section 607.0505, Florid<br>Applicable<br>CTORS                                                        | s, the above-named<br>thorized by the corporation<br>a Statutes.<br>A 1 TA<br>In TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDITIONS/CHANGES TO<br>D, P, S, T<br>Robert Dettender                        | AIA<br>34949                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CTORS IN 12                             |
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