DOCUMENT # P94000016377 Engrand Read Barlees Secondary of State OL-25-2006 90027 018 ***150.00 Product Read Barlees Secondary of State OL-25-2006 90027 018 ***150.00 IMPA FL 33617-3202 US Marry Address Secondary of Secondary DO NOT WRITE IN THIS SPACE In the secondary of Secondary Address of Barlee Secondary Address of Current Registered Agence ASHE FRANK M ASHE	2	006 FOR PR	OFIT CORPORATIO	N	FILED Jan 25, 2006 8:0	0 an
6026 HARNEY RD TAMPA, FL 33617-9202 US 6926 HARNEY RD TAMPA, FL 33617-9202 US DO NOT WRITE IN THIS SPACE 01192000 No Char-P CREDS (1100) 4. El-Humber 59-322 HARNEY RD 2022 HARNEY RD 59-322 HARNEY RD 59-325 HARNEY RD 5	1. Entity Nam	9			Secretary of Sta	ate
DO NOT WRITE IN THIS SPACE 1 11200 10	6926 HARNE	Y RD	6926 HARNEY RD	5		
ASHE, FRANK M 6926 HARNEY RD TAMPA, FL 33617-9202	D			ACE	01192006 No Chg-P CR2E034 (11/05) 4. FEI Number App 59-3229165 Not 5. Certificate of Status Desired S8.75 Addit	lied For Applicable
the obligations of registered egent. SIGNATURE Sources, typed of order land of ingettered egent and the / espectate Porter function The MOWIN FEE IS \$150.00 Porter function Porter functio	6926 HAR	ANK M NEY RD 💡	urrent kegistered Agent			
NME ASHE, FRANK'M SIRET ADDRESS 11115 LAXE'SASSA DRIVE OTY-ST-2P THONOTOSASSA, FL 33592 TITLE V NAME HARRIS, ARTHUR G. SIRET ADDRESS 4212 E. 97TH AVE. OTY-ST-2P THONOTOSASSA, FL TITLE PT NAME ASHE, LINDA J. SIRET ADDRESS 11115 LAXE SASSA DRIVE TITLE PT TITLE PT NAME ASHE, LINDA J. SIRET ADDRESS 11115 LAXE SASSA DRIVE TITLE PT THE PT NAME ASHE, FRANK'M SIRET ADDRESS GIT-ST-2P TITLE NAME SIRET ADDRESS GIT-ST-2P TITLE Inthereby certity that the information supplied with this fling does	FiL After Ma	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be	.00 9. Election Campaign Fir \$550.00 Trust Fund Contribution		······································	
Intel HARRIS, ARTHUR G. STREET ADDRESS 4212 E. 97TH AVE. CITV-51-2P TAMPA, FL TILE PT NAWE ASHE, LINDA J STREET ADDRESS 11115 LAKE SASSA DRIVE CITV-51-2P THONOTOSASSA, FL 33592 TITLE PT NAWE STREET ADDRESS STREET ADDRESS CITV-51-2P THUE Notestander NWE STREET ADDRESS CITV-51-2P THONOTOSASSA, FL 33592 TITLE NAWE STREET ADDRESS CITV-51-2P	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASHE, FRANK'M 11115 LAKE SASSA DRI THONOTOSASSA, FL 3	VE			
MME ASHE, LINDA J STREET ADDRESS 11115 LAKE SASSA DRIVE CITV-ST-2P THONOTOSASSA, FL 33592 ITILE NWE NWE STREET ADDRESS CITV-ST-2P THONOTOSASSA, FL 33592 ITILE NWE STREET ADDRESS CITV-ST-2P ITILE ITILE NWE STREET ADDRESS	NAME STREET ADORESS CITY-ST-ZIP	HARRIS, ARTHUR G. 4212 E. 97TH AVE. TAMPA, FL				
NWKE STREET ADDRESS CITY-ST-ZP TITLE NWKE STREET ADDRESS CITY-ST-ZP 12. Thereby 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 cett; 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 i changed, or on an attactment with an address, with all other fike empowered.	NAME Street address City-st-zip	ASHE, LINDA J 11115 LAKE SASSA DRI				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE 12. 1 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 eccurate 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 i changed, or on an attachment with an address, with all other fike empowered.	STREET ADDRESS City-St-Zip					
WME 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 i changed, or on an attachment with an address, with all other fike empowered.	STREET ADDRESS City-st-zip					
S (128/05 (812) 988-556.5	STREET ADDRESS	certify that the information sup	plied with this liling does not qualify for the	exemptions contain	ined in Chapter 119, Florida Statutes. I further certify that the in	formation or director
		S.	In report is true and accurate and that my sinstee empowered to execute this report as readdress, with all other like empowered.	gnature shan have th equired by Chapter 6		