

FILED
Mar 03, 2008 8:00 am
Secretary of State

DOCUMENT # P95000064735

Mailing Address
PO BOX 943
NICEVILLE, FL 32588-0943

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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02132008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3335513

Applied For
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

Name _____

Street Address (P.O. Box Number Is Not Acceptable)

City

FI	Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MARCHIANDO, PETER J
STREET ADDRESS	812 WEEDEN ISLAND DR
CITY-ST-ZIP	NICEVILLE, FL 325783708

☐ Delete

TITLE	VS
NAME	LYNN, DONNA
STREET ADDRESS	1133 SANDALWOOD CIR
CITY-ST-ZIP	NICEVILLE, FL 32578

☐ Delete

TITLE, _____
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STARLING, Donna		
STREET ADDRESS	1133 SANDALWOOD CIR		
CITY-ST-ZIP	MICEVILLE FL 32578		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUDITH L MARCHIANDO		
STREET ADDRESS	812 WEEDEN ISLAND DR		
CITY-ST-ZIP	NICEVILLE, FL 32578-3708		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: PETER J. MARCHIANO Peter J. Marchiano Feb 2, 2008 850-865-1163