

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P96000104575



Mailing Address  
2662 WEST LAKE ROAD  
PALM HARBOR, FL 34684

**DO NOT WRITE IN THIS SPACE**

03032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, CATHY  
2662 W LAKE RD  
PALM HARBOR, FL 34684

**DO NOT WRITE  
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 reinslating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	PD
NAME	WAGNER, CATHY A
STREET ADDRESS	2662 WEST LAKE ROAD
CITY - ST - ZIP	PALM HARBOR, FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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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 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

Date \_\_\_\_\_

Daytime Phone #