## **2003 FOR PROFIT CORPORATION**

	150RM BUSINE			)	Apr 16, 2003 Secretary of	8:00 ar	$\mathbf{n}$
DOCU  1. Entity Nam  FLORIDA	0029878			<b>Secretary o</b> 5 04-16-2003 90262 035	f <b>State</b> ***158.75	Ą	
Principal Place of Business  9625 ALONZO ROAD  RIVERVIEW FL 33569  Mailing Address  9625 ALONZO ROAD  RIVERVIEW FL 33569							
9635 Suite, Apt.	lace of Business  WES Klarney Way  #, etc.	3. Mailing Address 9425 Wes Suite, Apt. #, etc.	Kearney	Way	☐ CHECK HERE IF MAKING		•
RIVERV	iew FL	Rivervum, F	<u>-L</u>	4.	FEI Number <b>59-3440248</b>	Applied Fo	
<sup>Zip</sup> 339	6. Name and Address of Current R	33569	Country		Certificate of Status Desired  Name and Address of New Registered	\$8.75 Additional Fee Required	_
			Name I				== -:
KEARNEY,	C W JR		1	Kearn-	ay, cw sic	<del></del>	
9625 ALONZO ROAD RIVERVIEW FL 33569				ddress (P.O. I	Box Number is Not Acceptable Way		
				City RIVERVIEW FL 33569			
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 an	d title if applicable. (NOTE:	Registered Agent signatu	re required when	reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of				Election Campaign Financing     Trust Fund Contribution.		
10.	OFFICERS AND D		11.	A(	DDITIONS/CHANGES TO OFFICERS AND	4	<del></del>   &
NAME Street address	PD KEARNEY, C W JR 9625 ALONZO ROAD RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	96 as	wes kearney i		E034 (10/
NAME Street address	VD KEARNEY, BRYAN G 9625 ALONZO ROAD RIVERVIEW FL 33569	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	9629	s WES KEARLNey	Mary  Mar	dition
NAME STREET ADDRESS	VD KEARNEY, BARRY 9625 ALONZO ROAD RIVERVIEW FL 33569	Delete		9625	: wes kearney u	<i>7</i>	dition
TITLE NAME STREET ADDRESS	STD Chrietzberg, Kyle J 9625 Alonzo Road Riverview Fl 33569	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9625	s wes kearney i	E'Change □ Ado WAY	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Add	lition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entry 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 section that 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 activess with all of er like empowered.							
SIGNATURE: 48 03 813 05 1-03 0 Daylime Phone #							