

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

04-03-2008 90025 035 ***150.00

Principal Place of Business 104 MT. ZION CHURCH RD. FROSTPROOF, FL 33843		Mailing Address 104 MT. ZION CHURCH RD. FROSTPROOF, FL 33843			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3555290	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINBOTTOM, DAVID B 101 EAST WALL STREET FROSTPROOF, FL 33843 <i>Deceitson</i>				7. Name and Address of New Registered Agent Name DAVID Q ARNOLD Street Address (P.O. Box Number is Not Acceptable) 730 MT ZION CHURCH RD City FROSTPROOF, FL 3 FL Zip Code 33843	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ARNOLD, STANLEY C 104 MT ZION CHURCH ROAD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Stanley C Arnold</i>		Date 3-31-08		Daytime Phone # 863-528-1180	