

FILED
Feb 07, 2006 8:00 am
Secretary of State

DOCUMENT # V33656



Mailing Address
228 S COURTENEY PKWY
SUITE 2
MERRITT ISLAND, FL 32952

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (11/05)

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

CLARK, JOSEPH L.
240 QUAIL LANE
MERRITT ISLAND, FL 32952

Name _____

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	 Delete
NAME	TILLEN, CARL J.	
STREET ADDRESS	1340 TROUT ST.	
CITY - ST - ZIP	MERRITT ISLAND, FL	

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

TITLE	V	<input checked="" type="checkbox"/> Deleted
NAME	TILLEN, RAMONA S.	
STREET ADDRESS	1340 TROUT ST.	
CITY - ST - ZIP	MERRITT ISLAND, FL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MACFARLANE, SARAH	
STREET ADDRESS	2939 COLCHESTER RD	
CITY - ST - ZIP	COCOA, FL 32926	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, RUBY S.	
STREET ADDRESS	240 QUAIL LANE	
CITY - ST - ZIP	MERRITT ISLAND, FL	

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	CLARK, JOSEPH L.	
STREET ADDRESS	240 QUAIL LANE	
CITY - ST - ZIP	MERRITT ISLAND, FL	

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

TITLE	<input type="checkbox"/> Deleted
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____