

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # V61037



Mailing Address  
9077 S. FEDERAL HIGHWAY  
PORT SAINT LUCIE, FL 34952 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

03172008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0354481

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

COEL, MARK A ESQ  
ONE LINCOLN PLACE  
1900 GLADES ROAD,SUITE 350  
BOCA RATON, FL 33431-0000

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 reinstalling)

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

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Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POWERS, MARK J.	
STREET ADDRESS	70 S. SEAWALLS PT. RD.	
CITY-ST-ZIP	STUART, FL 34996	

TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, DON	
STREET ADDRESS	5 OAK HILL WAY	
CITY-ST-ZIP	STUART, FL 34996	

TITLE	S	<input type="checkbox"/> Delete
NAME	FELDMAN, BRETT L	
STREET ADDRESS	5427 SW ANHINGA AVENUE	
CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE	T	<input type="checkbox"/> Delete
NAME	FORSTER, ROBERT	
STREET ADDRESS	202 SW PALM COVE DR	
CITY-ST-ZIP	PALM CITY, FL 34990	

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

FILE	<input type="checkbox"/> Delete
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		

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

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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 # \_\_\_\_\_