2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 18, 2005 8:00 am **Secretary of State DOCUMENT # 220308** Entity Name 02-18-2005 90059 026 ***158.75 OVILLION & DAUGHERTY, INC. Principal Place of Business Mailing Address 1805 E WINTER PARK RD. ORLANDO FL 32803 1805 E WINTER PARK RD. ORLANDO FL 32803 BY: <u> 20012775</u> 2. Principal Place of Business 3. Mailing Address <u> 3200 (</u> 3200 Corrne Suite, Apt. #, etc CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0883046 Not Applicable *ordo*z Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUGHERTY, RICHARD E., II Street Address (P.O. Box Number is Not Acceptable) 1805 E WINTER PARK RD. ORLANDO FL 32803 City 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, typed or printed name of registered agentication (NOTE: Registered Agent signature r FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DAUGHERTY, RICHARD E II NAME DAUGHERTY, BICHORD E.II 1805 E WINTER PARK RD. 3200 CUERINE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-7IP CPLANOU, FL 37803 TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME TREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP 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 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.

ANG OFFICER OR DIRECTOR

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