


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90222 001 \*\*\*300.00

**DOCUMENT # P0000114861**

1. Entity Name  
**OHLIS ENTERPRISES, INC.**



**66405803**



Principal Place of Business: **1120 ST CLAIR SHORE ROAD NAPLES, FL 34104**

Mailing Address: **1120 ST CLAIR SHORE ROAD NAPLES, FL 34104**

2. Principal Place of Business: **12834 Brynwood Way**  
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 2373**  
 Suite, Apt. #, etc.

City & State: **Naples, FL**

City & State: **Naples, FL**

Zip: **34105** Country

Zip: **34106** Country

03052004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3686628** Applied For:  Not Applicable:

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMB, JEFFREY R**  
**868 106TH AVE NORTH**  
**NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name: **Same**

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]* **Jeffrey R. Lamb** **3/10/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OHLIS, BRIAN</b>
STREET ADDRESS	<b>1120 ST CLAIR SHORES RD</b>
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIPS</b>
STREET ADDRESS	<b>OHLIS Brian</b>
CITY-ST-ZIP	<b>12836 Brynwood Way</b> <b>Naples, FL 34105</b>
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
NAME	
STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **Brian Ohlis** **3/10/04** **239 253 0557**

Signature and typed or printed name of signing officer or director Date Daytime Phone #