


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90181 039 ***150.00

DOCUMENT # P03000069986

1. Entity Name
OLIVER PLUNKETT, INC.



Principal Place of Business
514 SW 2 AVE
OCALA, FL 34474

Mailing Address
PO BOX 1057
OCALA, FL 34478

50022311



2. Principal Place of Business
411 N.E 3rd Street
 Suite, Apt. #, etc.
Suite # 1

3. Mailing Address
P.O. Box 1057
 Suite, Apt. #, etc.

02242005 Chg-P CR2E034 (10/03)

City & State
OCALA FIA

City & State
OCALA FIA

Zip
34470

Country
USA

Zip
34478

Country
USA

4. FEI Number
56-2371061

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, LAN
514 SW 2 AVE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name
LAN ANDREWS

Street Address (P.O. Box Number is Not Acceptable)
411 N.E 3rd Street # 1

City
OCALA FIA

State
FL

Zip Code
34470

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 *lan Andrews* **3-1-05** DATE

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ANDREWS, LAN	
STREET ADDRESS	P.O. BOX 1057	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE	P	<input type="checkbox"/> Delete
NAME	PLUNKETT, OLIVER	
STREET ADDRESS	P. O. BOX 1057	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENTON, MELISSA	
STREET ADDRESS	P. O. BOX 1057	
CITY-ST-ZIP	OCALA, FL 34478	
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 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		
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: *lan Andrews* **3-1-05** Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #