


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000116528

1. Entity Name
 O. K. SERVICE OF OKALOOSA CO., INC.



Principal Place of Business Mailing Address

102 GREEN DR 102 GREEN DR
 MARY ESTHER, FL 32569 MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FCI Number Applied For
 26-7561102 Not Applicable

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

6. Name and Address of Current Registered Agent

GARNER, HOMER L
 141 FERRY RD NE
 FT WALTON BCH, FL 32548

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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 _____ DATE _____
Signature, typed or printed name of registrant and title (applicable) (NOTE: Registered Agent signature required when registering)

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	D
NAME	SHIVER, VANDER R
STREET ADDRESS	102 GREEN DR
CITY ST ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	SHIVER, ROBERT W
STREET ADDRESS	102 GREEN DR
CITY ST ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	GARNER, HOMER L
STREET ADDRESS	141 FERRY RD NE
CITY ST ZIP	FT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 04/11/05-80018-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I've empowered.

SIGNATURE: Homer L. Garner Homer L. Garner 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date