

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110865

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: OI BABE BEE OF SAN MARCO, INC.

## Current Principal Place of Business:

1534 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

1718 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

1534 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

1718 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 US

FEI Number: 11-3756512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LENA KORIAL-YONAN, P.A.  
9425 CRAVEN ROAD  
SUITE 5  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLANK, SHARON  
Address: 2765 MANDARIN MEADOWS DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete  
Name: BLANK, DENNIS  
Address: 2765 MANDARIN MEADOWS DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete  
Name: BLANK, JESSICA  
Address: 3664 WALSH STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP ( ) Delete  
Name: BLANK, ELIZABETH  
Address: 4901 SUNBEAM ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S ( ) Delete  
Name: JENKINS, DIANE  
Address: 1818 FARRUGUT ROAD  
City-St-Zip: JACKSONVILLE, FL 32207 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BLANK

P

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date