


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90069 022 ***150.00

DOCUMENT # P97000076264

1. Entity Name
O.C.C. INVESTMENTS, INC.



Principal Place of Business
**2120 SW 57TH TER
 HOLLYWOOD FL 33023**

Mailing Address
**2113-A CITRUS BLVD.
 LEESBURG FL 34748
 US**

94043979



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3469755**

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**JAMES H. COTTOM
 2113-A CITRUS BLVD.
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	OLIVER, DAVID J
STREET ADDRESS	2120 SW 57TH TER
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> Delete
NAME	CATRON, WILLIAM
STREET ADDRESS	2120 SW 57TH TER
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	DPS <input type="checkbox"/> Delete
NAME	COTTOM, JAMES H
STREET ADDRESS	2113-A CITRUS BLVD.
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input type="checkbox"/> Delete
NAME	MANTEIGA, JOSEPH M.
STREET ADDRESS	2120 S.W. 57TH TERRACE
CITY-ST-ZIP	HOLLYWOOD FL 33023
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"/> Change <input type="checkbox"/> Addition
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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: James H. Cottom **James H. Cottom** 4-2-04 352-728-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #