

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000007078

**Entity Name:** OUR FAMILY FRANCHISE, INC.

**Current Principal Place of Business:**

16333 NIKKI LN  
ODESSA, FL 33556-6003

**Current Mailing Address:**

16333 NIKKI LN  
ODESSA, FL 33556-6003 US

**FEI Number:** 27-1993923

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, GARY L  
9020 RANCHO DEL RIO DRIVE SUITE 101  
NEW PORT RICHEY, FL 34655 US

*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

**Officer/Director Detail :**

Title MR  
Name PROODIAN, LARRY R  
Address 16333 NIKKI LN  
City-State-Zip: ODESSA FL 33556-6003

Title MRS  
Name PROODIAN, MARIA  
Address 16333 NIKKI LN  
City-State-Zip: ODESSA FL 33556-6003

*I hereby 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 all other like empowered.*

**SIGNATURE:** LARRY PROODIAN

**PRESIDENT**

**03/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date