

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 194485 1. Entity Name OZELLO DEVELOPMENT INC	
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Principal Place of Business 13289 MOOREHAVEN COURT CRYSTAL RIVER, FL 34429 US	Mailing Address 13289 MOOREHAVEN COURT CRYSTAL RIVER, FL 34429 US
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6067273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARROLL, A T 13289 MOOREHAVEN COURT CRYSTAL RIVER, FL 34429

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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 _____ (NOTE: Registered Agent signature required when retaking) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089821 03/16/04-80004-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARROLL, A T MOOREHAVEN COURT CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRIPPEN, ELSIE V. 4522 NE 4TH ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARROLL, I.M. MOOREHAVEN COURT CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, R.T. LOT 28, MAGNOLIA ST. FLORAL CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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: *A. J. Carroll* **3-15-04** **352-795-0237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #