

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90677 050 \*\*\*158.75

**DOCUMENT # 549573**

1. Entity Name

**OBERMEYER ENTERPRISES, INC.**



Principal Place of Business

**1218 GULF BLVD.  
INDIAN ROCKS BCH FL 34635**

Mailing Address

**1218 GULF BLVD.  
INDIAN ROCKS BCH FL 34635**

2. Principal Place of Business

**595 Main Street**

Suite, Apt. #, etc.

**Dunedin, FL**

City & State

**334698 Pinellas**

Zip

Country

3. Mailing Address

**595 Main Street**

Suite, Apt. #, etc.

**Dunedin, FL**

City & State

**34698 Pinellas**

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-1778863**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OBERMEYER, MARY JO  
1218 GULF BLVD.  
INDIAN ROCKS BCH FL 34635**

7. Name and Address of New Registered Agent

Name

**John G. Hubbard**

Street Address (P.O. Box Number is Not Acceptable)

**595 Main Street**

City

**Dunedin**

**FL**

Zip Code  
**34698**

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

*John G. Hubbard*  
**John G. Hubbard, Personal Representative of the Estate of Mary Jo Obermeyer/Registered Agent**

**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

TITLE **PT** ☒ Delete  
NAME **PERRY, RONALD**  
STREET ADDRESS **1218 GULF BLVD.**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

TITLE **V** ☐ Delete  
NAME **RAINE, KAREN**  
STREET ADDRESS **6720 TANGLEWOOD DR. VE**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **S** ☐ Delete  
NAME **RECALDE, AMY**  
STREET ADDRESS **19 WOOD WAY ROAD**  
CITY-ST-ZIP **STAMFORD CO**

TITLE **C** ☐ Delete  
NAME **KREPS, BOBBIE JO**  
STREET ADDRESS **201 E PARISH**  
CITY-ST-ZIP **SANDUSKY OH 44870**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President P** ☒ Change ☐ Addition  
NAME **Raine, Karen**  
STREET ADDRESS **6720 Tanglewood Drive NE**  
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **Vice President V** ☒ Change ☐ Addition  
NAME **Kreps, Bobbie Jo**  
STREET ADDRESS **25 West Key Drive**  
CITY-ST-ZIP **Norwalk, OH 44857**

TITLE **Secretary - Address Change** ☐ Change ☐ Addition  
NAME **Recalde, Amy S/T**  
STREET ADDRESS **100 Morehouse Drive**  
CITY-ST-ZIP **Fairfield, CT 06825**

TITLE **Treasurer S/T** ☒ Change ☐ Addition  
NAME **Recalde, Amy**  
STREET ADDRESS **100 Morehouse Drive**  
CITY-ST-ZIP **Fairfield, CT 06825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Amy Recalde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-04 7275212535**