

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Divisions of Corporations
May 29, 2004 08:00 AM
P O Secretary of State
Tallahassee, FL
32314-6198

DOCUMENT # 631482

1. Entity Name
JAMES D. OENBRINK, P.A.



Principal Place of Business
% DAVID C. TIPTON, 501 W. 19TH ST
P.O. BOX 1100
PANAMA CITY, FL 32402

Mailing Address
% DAVID C. TIPTON, 501 W. 19TH ST
P.O. BOX 1100
PANAMA CITY, FL 32402



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1942806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OENBRINK, JAMES D.
410 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OENBRINK, JAMES D.
6917 YELLOW BLUFF ROAD
PANAMA CITY, FL 324048520

TITLE
NAME
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U00000098774
03/29/04-80053-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/04 850-872-9337