


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90157 034 \*\*\*\*61.25

<b>DOCUMENT # 715599</b> 1. Entity Name <b>O.C.N. MANAGEMENT, INC.</b>					
Principal Place of Business <b>4821 SAXON DRIVE NEW SMYRNA BEACH, FL 32169</b>				Mailing Address <b>4821 SAXON DRIVE NEW SMYRNA BEACH, FL 32169</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MURPHY, ELIZABETH 4821 SAXON DR NEW SMYRNA BCH, FL 32169</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, KATHRYNE	NAME	ALLEN, YVONNE		
STREET ADDRESS	3823 KINGSTON PARK	STREET ADDRESS	37 BOGEY CT		
CITY-ST-ZIP	KNOXVILLE, TN 37919	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	UHER, EDWARD	NAME	DEARMAS, DAVID		
STREET ADDRESS	2813 VISTA DR	STREET ADDRESS	2017 NELA AVE		
CITY-ST-ZIP	HUNTSVILLE, AL 35803	CITY-ST-ZIP	ORLANDO, FL 32809		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONOHUE, JAN	NAME			
STREET ADDRESS	2 STYMIE LANE	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELOZIER, JOHN	NAME			
STREET ADDRESS	810 EUCLID AVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISHER, SILAS	NAME			
STREET ADDRESS	39550 CREST COURT	STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERLANDSON, RICK	NAME	ERLANDSON, RICK		
STREET ADDRESS	940 DYSON DRIVE	STREET ADDRESS	940 DYSON DRIVE		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.					
<b>SIGNATURE:</b> <u><i>Jan B Donohue</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	