

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717887

FILED
Apr 10, 2008
Secretary of State

Entity Name: OPERATION PAR, INC.

Current Principal Place of Business:

6655 66TH ST N
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6655 66TH ST N
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-1349234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, NANCY
6655 66TH ST N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: IGAR, HELEN
Address: 1626 38TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL

Title: CD () Delete
Name: SAUNDERS, JOSEPH
Address: 3491 GANDY BLVD. NORTH, #200
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD () Delete
Name: PALLOS, MICHAEL
Address: 1235 BRIGHTON WAY
City-St-Zip: LAKE LAND, FL 33813

Title: VD () Delete
Name: BURNS, DEBI
Address: 2909 SUNSET WAY
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WILLIAMS, WILLIAM
Address: 6519 CENTRAL AVE.
City-St-Zip: ST PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBI BURNS

VD

04/10/2008

Electronic Signature of Signing Officer or Director

Date