


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 849534	
1. Entity Name OLLINGER/MOSTELLAR & ASSOCIATES, INC.	

Principal Place of Business 507 MILL ST. P.O. BOX 7597 MOBILE, AL 36670	Mailing Address 507 MILL ST. P.O. BOX 7597 MOBILE, AL 36670
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0801132	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

ZIEMAN, STEPHEN
13 CENTER ROAD
GULF BREEZE, FL 32561

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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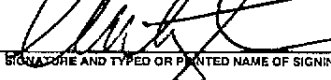
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OLLINGER, TOM P 507 MILL ST MOBILE, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOSTELLAR, WAYNE B. 507 MILL ST. MOBILE, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, JOE M 507 MILL STREET MOBILE, AL 36607
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)(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:  **Wayne Mostellar, President** **06/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **251/476-6784**