


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 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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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0801132	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZIEMAN, STEPHEN
 13 CENTER ROAD
 GULF BREEZE, FL 32561**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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
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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 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** 01/06/06 251/476-6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #