## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # F00000002878 1. Entity Name OPPCO, INC. Principal Place of Business Mailing Address ATTN: J. TUTTLE ATTN: J. TUTTLE 390 BUSINESS PARK WAY, K-1 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 91-2031252 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUTTLE, JASON DO NOT WRITE 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411 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	<u></u>		W
Signature typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required	when reinstating)	DAT
		<del> </del>	<del>3</del>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

 $\Box$ 

OFFICERS AND DIRECTORS 10. **PSTD** TITLE TUTTLE, J NAME STREET ADDRESS 390 BUSINESS PARK WAY, K-1 CITY - ST - ZIP ROYAL PALM BEACH, FL 33411 TITLE TUTTLE, H NAME STREET ADDRESS 390 BUSINESS PARK WAY, K-1 CITY-ST ZIP ROYAL PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000329343 04/25/05-80112-017 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). 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 good dress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER