


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F42254
 1. Entity Name
OPELA ENTERPRISES, INC.



Principal Place of Business SARAH L OPELA 156 S.E. MORGAN LANE PORT CHARLOTTE, FL 33952	Mailing Address SARAH L OPELA 156 S.E. MORGAN LANE PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE

02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2143791	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

**OPELA, TODD E
 2248 CEDARWOOD STR
 PORT CHARLOTTE, FL 33948**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OPELA, SARAH L. 156 S.E. MORGAN LANE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OPELA, TODD E. 2248 CEDARWOOD STREET PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/14/05-80005-004 150.00

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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: Todd E. Opela TODD E. OPELA 02/14/05 941 629 5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #