


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G51999</b> 1. Entity Name <b>OPEN ROAD, INC.</b>	
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Principal Place of Business <b>135 E MIRACLE STRIP PARKWAY MARY ESTHER, FL 32569</b>	Mailing Address <b>135 E MIRACLE STRIP PARKWAY MARY ESTHER, FL 32569</b>
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**DO NOT WRITE IN THIS SPACE**

01052005	No Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-2309380</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CORZINE, LINDA J.  
486 PARRISH BLVD.  
MARY ESTHER, FL 32569**

**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, 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	DP CORZINE, JACK W 486 PARISH BLVD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZINE, LINDA J. 486 PARISH BLVD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, KENNETH 25 NEPTUNE DR MARY ESTHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, MARILYN 25 NEPTUNE DR MARY ESTHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80004-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Linda J. Corzine* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *2/11/2005 830-1400* **Date Daytime Phone #**