


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G51999
 1. Entity Name
OPEN ROAD, INC.



Principal Place of Business
135 E MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

Mailing Address
135 E MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2309380

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORZINE, LINDA J.
486 PARRISH BLVD.
MARY ESTHER, FL 32569

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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 _____ 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UDU000506954
 04/27/06-80044-011 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: JACK W. CORZINE **APR 27 06** **850-244-402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #