


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
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
---	---

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2309380	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 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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

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	

000000691547

04/13/07-80015-006 150.00

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 APRIL 2, 2007 850-244-4020

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