

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90021 041 ***150.00

DOCUMENT # H05977

1. Entity Name

OKALOOSA 7, INC.



Principal Place of Business

98 OAK HILL
FT WALTON BEACH FL 32547
US

Mailing Address

98 OAK HILL
FT WALTON BEACH FL 32547
US

94045260



MOORE

CR2E034 (11/03)

2. Principal Place of Business

551 Mooney Rd
Suite, Apt. #, etc.

3. Mailing Address

551 Mooney Rd.
Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL

City & State

FT. WALTON BEACH, FL

4. FEI Number

59-2436058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARCE, BENJAMIN N
551 MOONEY RD.
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PEARCE, BENJAMIN N.
STREET ADDRESS 551 MOONEY ROAD
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE SD ☐ Delete
NAME KENT, MICHAEL G.
STREET ADDRESS 98 OAK HILL
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE VD ☐ Delete
NAME POOLE, RON R
STREET ADDRESS 105 BEACH DR., STE. A5
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE

BENJAMIN N. PEARCE BENJAMIN N. PEARCE

04-02-04

850-642-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #