2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # H99330 1. Entity Name 01-28-2005 90030 015 ***158.75 O.A. & J.D., INC. Principal Place of Business Mailing Address NEWFOUND HARBOR-ROAD NEWFOUND HARBOR ROAD? P O BOX 631 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 3. Mailing Address Box 631 2. Principal Place of Business WARNER STREET Applied For 4. FÉI Number 59-2832303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 51 04 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HWY MARATHON FL 33050 City 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, typed or printed name of registered agent and title if applicable DATE (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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete YOUNG, JAMES D., SR. OUNG, JAMES DISK NAME NAME NEWFOUND HARBOR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL CITY-ST-ZIP TITLE Delete TITLE YOUNG, OLEVA A. YOUNG OLEYA NAME NAME STREET ADDRESS NEWFOUND HARBOR ROAD STREET ADDRESS BIG PINE KEY, FL. 33043 BIG PINE KEY FL CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #