

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90072 037 \*\*\*158.75

20006734



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # H99333</b>			
1. Entity Name <b>O.A.Y., INC.</b>			
Principal Place of Business <b>NEWFOUND HARBOR ROAD P O BOX 631 BIG PINE KEY FL 33043</b>		Mailing Address <b>NEWFOUND HARBOR ROAD P O BOX 631 BIG PINE KEY FL 33043</b>	
2. Principal Place of Business <b>WARNER STREET</b>		3. Mailing Address <b>P.O. Box 631</b>	
Suite, Apt. #, etc. <b>P.O. Box 631</b>		Suite, Apt. #, etc.	
City & State <b>BIG PINE KEY, FL.</b>		City & State <b>BIG PINE KEY, FL.</b>	
Zip <b>33043</b>		Country <b>USA</b>	
4. FEI Number <b>59-2831114</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MILLER, ROBERT K. 2975 OVERSEAS HWY MARATHON-FL-33050</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code <b>FL</b>	
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)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT YOUNG, OLEVA A. NEWFOUND HARBOR ROAD BIG PINE KEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT YOUNG OLEVA A. WARNER STREET BIG PINE KEY, FL.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YOUNG, JAMES D SR. NEWFOUND HARBOR ROAD BIG PINE KEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YOUNG JAMES D. SR WARNER STREET BIG PINE KEY, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *James D Young Sr Secretary 1-24-05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #