

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 023 ***150.00

DOCUMENT # J25607 1. Entity Name OCORAB INVESTMENTS, INC.			
Principal Place of Business % J.H. BAROCO JR. P.O. BOX 10720 PENSACOLA, FL 32524		Mailing Address % J.H. BAROCO JR. PO BX 10729 PENSACOLA, FL 32524 US	
2. Principal Place of Business 3987 N. "W" ST. Suite, Apt. #, etc. UNIT # 13 City & State PENSACOLA, FL. Zip 32505		3. Mailing Address Suite, Apt. #, etc. P.O. Box 17898 City & State PENSACOLA, FL. Zip 32522-7898	
03082005 Chg-P CR2E034 (10/03)		4. FEI Number 59-2696781	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAROCO, JR. J 6706 NORTH 9TH AVE BLDG "D" PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name J.H. BAROCO, JR. Street Address (P.O. Box Number is Not Acceptable) 3987 N. "W" ST. UNIT # 13 City PENSACOLA FL Zip Code 32505	
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: J.H. BAROCO, JR. 4/12/05 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME BAROCO, JAMES H. JR. STREET ADDRESS P. O. BOX 10724 N/A CITY-ST-ZIP PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BAROCO, JULIA M. STREET ADDRESS P. O. BOX 10729 N/A CITY-ST-ZIP PENSACOLA, FL	<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
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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: J.H. BAROCO, JR. 4/12/05 850-479-2441 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			