


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # J28641 1. Entity Name OPB, INC. |  |
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| Principal Place of Business 439 N.E. 9TH AVENUE GAINESVILLE, FL 32601 | Mailing Address 439 N.E. 9TH AVENUE GAINESVILLE, FL 32601 |
|---|---|

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2717163 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent FORSMAN, ELIZABETH 439 N.E. 9TH AVE. GAINESVILLE, FL 32601 | 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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 | 1100000226925 02/12/05-80036-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FORSMAN, ELIZABETH R 439 NW 9TH AVE. GAINSEVILLE, FL 32609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TRAGASH, JENNIFER 2901 S.E. 8 DRIVE GAINESVILLE, FL 32601 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #