

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90031 020 ***150.00

DOCUMENT # K97316

1. Entity Name
OUGHTRED ENTERPRISES, INC.



Principal Place of Business
**756 BEACHLAND BLVD
VERO BEACH, FL 32963 US**

Mailing Address
**756 BEACHLAND BLVD
VERO BEACH, FL 32963 US**

94020831



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0128123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLLINS, GEORGE G JR ESQ
756 BEACHLAND BLVD
VERO BEACH, FL 32963**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OUGHTRED, W L
STREET ADDRESS	1900 DUNDAS ST W #245
CITY-ST-ZIP	MISSISSAUGA, ONT CAN,

TITLE	VPD
NAME	HAGEMAN, SUSAN M.
STREET ADDRESS	1900 DUNDAS ST W #245
CITY-ST-ZIP	MISSISSAUGA, ONT CAN,

TITLE	SD
NAME	OUGHTRED, FRED M.
STREET ADDRESS	1900 DUNDAS ST W #245
CITY-ST-ZIP	MISSISSAUGA, ONT CAN,

TITLE	TD
NAME	BOND, F. ELISE
STREET ADDRESS	1900 DUNDAS ST W #245
CITY-ST-ZIP	MISSISSAUGA, ONT CAN,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: W L Oughtred Pres. W. L. OUGHTRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 16/04 905-607-5998

Date

Daytime Phone #