

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L77195

1. Entity Name
OCTEX CORPORATION



Principal Place of Business

**901 SARASOTA CENTER BLVD.
SARASOTA, FL 34240 US**

Mailing Address

**901 SARASOTA CENTER BLVD.
SARASOTA, FL 34240 US**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0216214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G.
200 S ORANGE AVE
SARASOTA, FL 34236**

**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 (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
NAME
STREET ADDRESS
CITY ST ZIP
**DP
WEAVER, SALLY
4838 CHERRY LAUREL WAY
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
LEWIS, HARRY L.
31510 ANSON ROAD
MYAKKA CITY, FL 34251**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DST
WEAVER, JOHN L.
4838 CHERRY LAUREL WAY
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U00000114004
04/15/04-80032-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 941-571-6363