

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90015 040 ****61.25

DOCUMENT # N03610
 1. Entity Name
OZONA VILLAGE IMPROVEMENT SOCIETY, INC.



Principal Place of Business Mailing Address
BAY ST. BAY ST.
P O BOX 81 P O BOX 81
OZONA FL 34660 OZONA FL 34660

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
SMITH, BRIAN
232 PINECREST
PALM HARBOR FL 34683

4. FEI Number **59-2419863** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Brian Smith*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD PAINTER, BOBBIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	139 HARBOR DR. PALM HARBOR FL	
TITLE NAME	VD SMITH, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 6646 N/A OZONA FL	
TITLE NAME	D JONES, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	305 BAY STREET PALM HARBOR FL 34683	
TITLE NAME	TD STUART, REBECCA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	PO BOX 6767 OZONA FL 34660	
TITLE NAME	D MAHARA, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P O BOX 6767, 12 BAY ST OZONA FL 34660	
TITLE NAME	D PILSON, WILDA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	PO BOX 85 OZONA FL 34660	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D PAINTER BOBBIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	139 HARBOR DR PALM HARBOR FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	PD MAHARA MARGARET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	PO BOX 6767 12 BAY ST OZONA FL 34660	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 617, 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: *Brian Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR