


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



Principal Place of Business BAY ST. P O BOX 81 OZONA, FL 34660	Mailing Address BAY ST. P O BOX 81 OZONA, FL 34660
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01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

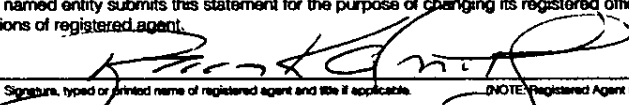
4. FEI Number 59-2419863	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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:  DATE: 1/26/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U00000808555
 02/07/08-80052-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONOVER, DONALD 303 BAY ST PO BOX 623 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BRIAN P.O. BOX 6646 N/A OZONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANNAN, MERIDITH 326 BAY STREET PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUART, REBECCA PO BOX 6767 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHARA, MARGARET P O BOX 6767, 12 BAY ST OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILSON, WILDA PO BOX 85 OZONA, FL 34660

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 1-26-08 727 781 8472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #