

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000013116

1. Entity Name

OGLETHORPE HOLDINGS, INC.



Principal Place of Business

979 BEACHLAND BLVD
VERO BEACH, FL 32963

Mailing Address

979 BEACHLAND BLVD
VERO BEACH, FL 32963



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3632204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 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	D
NAME	OGLETHORPE, RAYMOND J JR
STREET ADDRESS	11622 ROLLING MEADOW DR
CITY-ST-ZIP	GREAT FALLS, VA 22066
TITLE	D
NAME	OGLETHORPE, JEAN J
STREET ADDRESS	11622 ROLLING MEADOW DR
CITY-ST-ZIP	GREAT FALLS, VA 22066
TITLE	D
NAME	FENNELL, TODD W
STREET ADDRESS	979 BEACHLAND BLVD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000007112
01/20/04-80011-007 150.00

**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: _____

Todd W Fennell, Dir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

772-231-1100

Daytime Phone #