

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000013581 1. Entity Name OTTOMAN ENTERPRISES, INC.		
Principal Place of Business 2401 PGA BLVD, STE 148 PALM BEACH GARDENS, FL 33410	Mailing Address 2401 PGA BLVD, STE 148 PALM BEACH GARDENS, FL 33410	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRICKER, H. MAX 2401 PGA BLVD, STE 148 PALM BEACH GARDENS, FL 33410		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 retulating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	JACOBS, OTTOKAR	
STREET ADDRESS	2401 PGA BLVD, STE 148	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	
NAME	FRICKER, H. MAX	
STREET ADDRESS	2401 PGA BLVD, STE 148	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: <u>By: H. Max Fricker, D</u> January 30, 2006 (561) 625-1005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01302005 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0991670

Applied For
Not Applicable

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

U00000451465
03/10/06-80055-015.158.75

**DO NOT WRITE
IN THIS SPACE**