

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030396

FILED
Apr 03, 2004
Secretary of State

Entity Name: ONCARLEE, INC.

Current Principal Place of Business:

2004 BEARCAT CT
PENSACOLA, FL 32507

New Principal Place of Business:

4787 ANNA SIMPSON ROAD
MILTON, FL 32570

Current Mailing Address:

PO BOX 11172
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 73-1581971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOTEN, CORNELIUS
2004 BEARCAT CT
PENSACOLA, FL 32507

Name and Address of New Registered Agent:

WOOTEN, CORNELIUS
4787 ANNA SIMPSON ROAD
MILTON, FL 32570

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.

SIGNATURE:

04/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WOOTEN, CORNELIUS
Address: 2004 BEARCAT CT
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WOOTEN, CLARICE H
Address: 2004 BEARCAT CT
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIUS WOOTEN

DP

04/03/2004

Electronic Signature of Signing Officer or Director

Date