

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90004 020 \*\*\*150.00

**DOCUMENT # P01000046338**

1. Entity Name  
905 OPA LOCKA BLVD. NO. 1, INC.



Principal Place of Business  
2125 BLUE HERON COVE DR  
ORANGE PARK, FL 32003

Mailing Address  
2125 BLUE HERON COVE DR  
ORANGE PARK, FL 32003

40078701



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0694483**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MEE, GLENN R  
2125 BLUE HERON COVE DR  
ORANGE PARK, FL 32003

**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 date if applicable. (NOTE: Registered agent signature required when filing.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MEE, GLENN R 2125 BLUE HERON COVE DR ORANGE PARK, FL 32003
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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 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:** *Glenn Mee* Glenn Mee

4-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #