


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097010 1. Entity Name O & M FAMILY PUB, INC.	
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Principal Place of Business 102 W POLK STREET AUBURNDALE, FL 33823	Mailing Address 102 W POLK STREET AUBURNDALE, FL 33823
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04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3755003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OWENS, DUNCAN 102 W POLK STREET AUBURNDALE, FL 33823	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, JEROD L 14515 POTANOW TRAIL ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, DUNCAN 135 KINSTLE AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: *Duncan Owens* 4/25/04 863-968-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #