

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000097010

1. Entity Name  
O & M FAMILY PUB, INC.



Principal Place of Business  
102 W POLK STREET  
AUBURNDAL, FL 33823

Mailing Address  
102 W POLK STREET  
AUBURNDAL, FL 33823

**DO NOT WRITE IN THIS SPACE**



03022008 No Chg-P CRZE034 (11/05)

4. FEI Number  
59-3755003

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, DUNCAN  
102 W POLK STREET  
AUBURNDAL, FL 33823

**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 *Duncan Owens* DUNCAN OWENS

3/8/06

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, 2006 Fee will be \$550.00**

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

000000465642  
03/22/06-80045-011 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 863 968-0610

Date

Daytime Phone #