

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000111684

1. Entity Name
OCA INTERNATIONAL, INC.



Principal Place of Business
6261 TOPAZ CT
FORT MYERS, FL 33919

Mailing Address
PO BOX 07100
FORT MYERS, FL 33919

**FILED
Mar 10, 2005 08:00 AM
Secretary of State**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1154912	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

SMITH, WILLIAM R ESQ
8191 COLLEGE PKWY., #204
FORT MYERS, FL 33919

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME OCASIO, JOHN
STREET ADDRESS 12837 KEDLESTON CIR
CITY-ST-ZIP FORT MYERS, FL 33912

0000000257667
03/10/05-80009-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Date

Daytime Phone #