2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000114635

Entity Name
OBY'S NOSE FILTERS, INC.

Principal Place of Business	Mailing Address
585 N. COURTENAY PKWY. UITE #6 ERRITT ISLAND, FL 32953	3585 N. COURTENAY PKWY. SUITE #6 MERRITT ISLAND, FL 32953

01182006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3752093

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CCORMICK, LESTER (TOBY)
36 LIMERICK DR.
ERRITT ISLAND, FL 32953

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

	D MCCORMICK, LESTER (TOBY)
ADDRESS	936 LIMERICK DR.
T-ZIP	MERRITT ISLAND, FL 32953
	D MCCORMICK, JOYCE
ADDRESS	936 LIMERICK DR.
T-ZIP	MERRITT ISLAND, FL 32953
	D MCCORMICK, BRUCE
ADDRESS	936 LIMERICK DR.
T-ZIP	MERRITT ISLAND, FL 32953
	D MCCORMICK, TONY
ADDRESS	6530 BETHEL ST.
T-ZIP	COCOA, FL 32927
ADDRESS	
T-ZIP	
ADDRESS	
T-ZIP	

U00000338506
01/30/06-80097-018 150.00

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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: Lester (Toby) McCormick 1-18-06 321 453-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #