


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000119700</b>	
<b>1. Entity Name</b> O.R. PROJECT PROFESSIONALS, INC.	

<b>Principal Place of Business</b> 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437	<b>Mailing Address</b> 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437
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01062004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 01-0549696	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BOYLE, MARY P RN 7859 ROCKFORD RD BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
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**B.** 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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

U00000092521  
03/19/04-90012-009 150.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD BOYLE, MARY P RN 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VSTD FISS, SALLY A RN 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Sally A Fiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/04*  
Date

*361-738-9663*  
Daytime Phone #