


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 08:00 AM
S/1/05
Secretary of State

DOCUMENT # P01000119700
 1. Entity Name
O.R. PROJECT PROFESSIONALS, INC.



Principal Place of Business
7859 ROCKFORD ROAD
BOYNTON BEACH, FL 33437

Mailing Address
7859 ROCKFORD ROAD
BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0549696

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BOYLE, MARY P RN
7859 ROCKFORD RD
BOYNTON BEACH, FL 33437

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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: *Mary P Boyle* (NOTE: Registered Agent signature required when reinstating)
 DATE: *5/1/05*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLE, MARY P RN 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FISS, SALLY A RN 7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437
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 05/11/05-80031-022 150.00

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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)(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: *Mary P Boyle* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: *5/1/05*
 DAYTIME PHONE #: *561-346-2661*