

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90269 042 ***150.00

DOCUMENT # P02000021432

1. Entity Name
OLD FLORIDA STYLE, INC.



Principal Place of Business
**1970 MICHIGAN AVE BLDG C
COCOA, FL 32922**

Mailing Address
**1970 MICHIGAN AVE BLDG C
COCOA, FL 32922**

94062409



2. Principal Place of Business
3490 N. U.S. Highway One
Suite, Apt. #, etc.

3. Mailing Address
3490 N. U.S. Highway One
Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State
Cocoa FL

City & State
Cocoa FL

4. FEI Number
02-0583858

Applied For
Not Applicable

Zip
32926

Country
USA

Zip
32926

Country
USA

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

6. Name and Address of Current Registered Agent

**WATSON, VICTOR M
1970 MICHIGAN AVE BLDG C
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name
(No change)

Street Address (P.O. Box Number is Not Acceptable)

3490 N. U.S. Highway One

City
Cocoa

FL

Zip Code
32926

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 Victor M. Watson

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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WATSON, VICTOR M**
STREET ADDRESS **1970 MICHIGAN AVE BLDG C**
CITY-ST-ZIP **COCOA, FL 32922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3490 N. U.S. Highway One**
CITY-ST-ZIP **Cocoa FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Victor M. Watson - Pres.

4/21/04

321-631-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR M. WATSON

Daytime Phone #