2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-21-2005 90104 042 ***100.00
04-18-2005 90345 007 ****50.00

50038660

03152005 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000048828

1. Entity Name
OLD FRIEND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
102 LEXINGTON STREET OLDSMAR, FL 34677	102 LEXINGTON STREET OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

4. FEI Number 20081683 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M ESQ
1831 N BELCHER RD, STE A-1
CLEARWATER, FL 33765

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 _____ 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, 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	POTTS, JERRY L
STREET ADDRESS	102 LEXINGTON STREET
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	ST
NAME	CAMPBELL, III, WILLIAM T
STREET ADDRESS	2221 AUTUMN DRIVE
CITY-ST-ZIP	BLOOMINGTON, IN 47401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Jerry Potts 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #