



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000086027			
1. Entity Name OFFICE OPTIONS, INC.			
Principal Place of Business 12301 FORT CAROLINE ROAD JACKSONVILLE, FL 32225		Mailing Address 12301 FORT CAROLINE ROAD JACKSONVILLE, FL 32225	
DO NOT WRITE IN THIS SPACE			
		01132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 75-3077594	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MCCULLY, LINDA D 12301 FORT CAROLINE ROAD JACKSONVILLE, FL 32225		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000196343 01/26/05-80063-024 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
P MCCULLY, LINDA D 12301 FORT CAROLINE ROAD JACKSONVILLE, FL 32225			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: <u>Linda D. McCully</u>		LINDA D. McCully 1/22/05 904-641-6025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone: _____	