

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000088991

1. Entity Name
OAT THAR, INC.



Principal Place of Business
101437 OVERSEAS HWY
KEY LARGO, FL 33037

Mailing Address
PO BOX 1578
KEY LARGO, FL 33037



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1550990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WIN, THEINGI
110 OCEAN BAY DRIVE
KEY LARGO, FL 33037

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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

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 P
NAME WIN, THEINGI M
STREET ADDRESS 110 OCEAN BAY DRIVE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE VP
NAME WIN, AUNG H
STREET ADDRESS 110 OCEAN BAY DR.
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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03/12/04-80045-002 150.00

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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:

AUNG HEAN WIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

Daytime Phone #