

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 045 ***155.00

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1. Entity Name
ONCORE PROPERTIES, INC.



Principal Place of Business
533 LAFITTE ROAD
LITTLE TORCH KEY, FL 33042 US

Mailing Address
533 LAFITTE ROAD
LITTLE TORCH KEY, FL 33042 US

50020326



05302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2379471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONTE, ANTONY
533 LAFITTE ROAD
LITTLE TORCH KEY, FL 33042

**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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME CONTE, ANTONY
STREET ADDRESS 533 LAFITTE ROAD
CITY-ST-ZIP LITTLE TORCH KEY, FL 33042

TITLE D
NAME CONTE, ANTONY
STREET ADDRESS 533 LAFITTE ROAD
CITY-ST-ZIP LITTLE TORCH KEY, FL 33042

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Anthony Conte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/06

Date

305 872 4105

Daytime Phone #