

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90075 042 \*\*\*155.00

**DOCUMENT # P02000101889**

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

401244000



07032007 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

*Anthony Conte* **ANTHONY CONTE** *Anthony Conte* 7/2/07  
(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CONTE, ANTONY  
533 LAFITTE ROAD  
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

**DO NOT WRITE  
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

7/2/07 3058724105  
Date Daytime Phone #