

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000134890

1. Entity Name
OBRINGER, DECANDIO & OOSTING, P.A.



Principal Place of Business

12 EAST BAY ST.
JACKSONVILLE, FL 32202

Mailing Address

12 EAST BAY ST.
JACKSONVILLE, FL 32202



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1434120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OOSTING, SUSAN S ESQ.
12 EAST BAY ST.
JACKSONVILLE, FL 32202-3427

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 true if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME OBRINGER, MICHAEL
STREET ADDRESS 12 EAST BAY ST.
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME DECANDIO, MICHAEL J
STREET ADDRESS 12 EAST BAY ST.
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME OOSTING, SUSAN S
STREET ADDRESS 12 EAST BAY ST.
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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04/22/05-80115-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael J. Obinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05 904-354-0621