


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90036 043 ***150.00

| | | | | | |
|---|-------------------------------------|---------------------|---|---|--|
| DOCUMENT # P03000034684 1. Entity Name OTEL AGENCY, INC. | | | |  | |
| Principal Place of Business 426 PINE SHADOWS DRIVE SLIDELL, LA 70458 | | | Mailing Address POST OFFICE BOX 18564 TAMPA, FL 33679 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CREWS, ELIZABETH M 1501 SOUTH HOWARD AVENUE, 15-C TAMPA, FL 33606 | | | | Name same Street Address (P.O. Box Number is Not Acceptable) 4115 Chatham Oak Court #205 City Tampa FL Zip Code 33624 | |
| 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: <u><i>Elizabeth M Crews</i></u> DATE: <u>4-17-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMAS, LOUIS A III | | NAME | | |
| STREET ADDRESS | 1501 SOUTH HOWARD, 15-C | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33606 | | CITY-ST-ZIP | | |
| TITLE | SEC <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CREWS, ELIZABETH M | | NAME | same | |
| STREET ADDRESS | 1501 S. HOWARD AVENUE, 15-C | | STREET ADDRESS | 4115 Chatham Oak Court #205 | |
| CITY-ST-ZIP | TAMPA, FL 33606 | | CITY-ST-ZIP | Tampa, FL 33624 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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><i>Elizabeth M Crews</i></u> | | | Date: <u>4-17-04</u> 813 960 2061 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |