2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P03000045884** 1. Entity Name 04-15-2004 90009 024 ***150.00 O-A-R DEVELOPMENT, INC. Principal Place of Business Mailing Address 766-C AVENIDA ESTANCIA VENICE FL 34929 766-C-AVENIDA ESTANCIA VENICE FL-34929---2. Principal Place of Business 3. Mailing Address 4490 Yacht Club Dr 4490 Uacht Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Venice Applied For City & State 4. FEI Number enice 51-0466566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent New ADDRESS OLYER, JOHN R Street Address (P.O. Box Number is Not Acceptable) 766-C ÁVENIDA ESTANCIA VENICE FL 34929 4490 Yacht Club 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Addition TITLE ☐ Delete TITLE OLYER, JOHN R NAME 4490 Yacht Club Dr Verne FI 39293 4490 Yacht Club Dr STREET ADDRESS 766-C AVENIDA ESTANCIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34929 -🖄 Change ☐ Delete TITLE ☐ Addition TITLE OLYER, CYNTHIA C. NAME 766-C AVENIDA ESTANCIA STREET ANDRESS STREET ADDRESS Venice F1 34293 VENICE FL 34929. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSS, RICHARD * NAME NAME STREET ADDRESS 8240 GRAVES POINT RD STREET ADDRESS CITY-ST-ZIP WOLCOTT NY 14590 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete ROSS, DIANA NAME STREET ADDRESS 8240 GRAVES POINT RD STREET ADDRESS WOLCOTT NY 14590 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition ΝΑΜξ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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 officer like empowered.

FILED