


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90181 039 ***150.00

DOCUMENT # P03000069986	
1. Entity Name OLIVER PLUNKETT, INC.	

Principal Place of Business 514 SW 2 AVE OCALA, FL 34474	Mailing Address PO BOX 1057 OCALA, FL 34478
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50022311

2. Principal Place of Business 411 N.E 3rd Street	3. Mailing Address P.O. Box 1057
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc.



02242005 Chg-P CR2E034 (10/03)

City & State OCALA FLA	City & State OCALA FLA
Zip 34470	Zip 34478
Country USA	Country USA

4. FEI Number 56-2371061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDREWS, LAN 514 SW 2 AVE OCALA, FL 34474	
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7. Name and Address of New Registered Agent LAN ANDREWS 411 N.E 3rd Street #1 OCALA FLA City FL Zip Code 34470	
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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: Lan Andrews 3-1-05 DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ANDREWS, LAN P.O. BOX 1057 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PLUNKETT, OLIVER P. O. BOX 1057 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S BENTON, MELISSA P. O. BOX 1057 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lan Andrews 3-1-05	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	