

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

04-19-2004 90405 043 ***150.00

DOCUMENT # P03000076276	
1. Entity Name O'BOYS SOUTH, INC.	

Principal Place of Business 425 WEST COLONIAL DRIVE SUITE 104 ORLANDO FL 32804	Mailing Address 425 WEST COLONIAL DRIVE SUITE 104 ORLANDO FL 32804
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66424364



MOORE CR2E034 (11/03)

2. Principal Place of Business 924 W. COLONIAL DR	3. Mailing Address 924 W. COLONIAL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

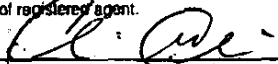
City & State ORLANDO FL	City & State ORLANDO, FL
Zip 32804	Country USA
Zip 32804	Country USA

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIETRICH, D. PAUL II 37 NORTH ORANGE AVENUE SUITE 200 ORLANDO FL 32801
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7. Name and Address of New Registered Agent Name: CHRISTOPHER GRANVILLE Street Address (P.O. Box Number is Not Acceptable): 924 W. COLONIAL DRIVE City: ORLANDO FL Zip Code: 32804
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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.

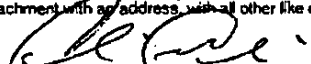
SIGNATURE:  DATE: 5-24-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	☐ Delete
NAME CHRISTOPHER GRANVILLE	
STREET ADDRESS 39 OAKLEIGH DR.	
CITY-ST-ZIP MAITLAND FL 32751	
TITLE VICE PRESIDENT	☐ Delete
NAME THOMAS R. GRANVILLE	
STREET ADDRESS 1307 CHAPMAN CIRCLE	
CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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:  DATE: 4-14-04 DAYTIME PHONE: 407 839-1211