

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90462 042 ***150.00

DOCUMENT # P03000076276

1. Entity Name

O'BOYS SOUTH, INC.



Principal Place of Business

924 W. COLONIAL DR
ORLANDO FL 32804

Mailing Address

924 W. COLONIAL DR
ORLANDO FL 32804

2. Principal Place of Business

565 W. FAIRBANKS AVE.

Suite, Apt. #, etc.

3. Mailing Address

565 W. FAIRBANKS AVE.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

USA

City & State

WINTER PARK, FL

Zip

32789

Country

USA

4. FEI Number

20-1571188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

GRANVILLE, CHRISTOPHER
924 W. COLONIAL DR
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

565 W. FAIRBANKS AVE.

City

WINTER PARK

FL

Zip Code

32789

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

Christopher Granville
Signature, typed or printed name of registered agent and title if applicable

CHRISTOPHER GRANVILLE
(NOTE: Registered Agent signature required when reinstating)

4-12-06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GRANVILLE, CHRISTOPHER
STREET ADDRESS 939 OAKLEIGH DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE VP ☐ Delete
NAME GRANVILLE, THOMAS R
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

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

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 exemptions contained in Section 119, 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:

Christopher Granville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06
Date

407 478-3249
Daytime Phone #