


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000116528</b> 1. Entity Name O. K. SERVICE OF OKALOOSA CO., INC.	
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Principal Place of Business 102 GREEN DR MARY ESTHER, FL 32569	Mailing Address 102 GREEN DR MARY ESTHER, FL 32569
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01232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 26-7561102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GARNER, HOMER L 141 FERRY RD NE FT WALTON BCH, FL 32548
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, in addition to name of legally designated and the applicable (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SHIVER, VANDER R 102 GREEN DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY ST ZIP	D SHIVER, ROBERT W 102 GREEN DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY ST ZIP	D GARNER, HOMER L 141 FERRY RD NE FT WALTON BCH, FL 32548
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<p>U00000297209 04/11/05-80018-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 I've empowered.

**SIGNATURE:** Homer L. Garner Homer L. Garner 4/9/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date