

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-26-2005 90145 031 ***150.00

DOCUMENT # P04000153071

1. Entity Name
OMK PORT CHARLOTTE, INC.



Principal Place of Business
**3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109**

Mailing Address
**3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109**

66021044



2. Principal Place of Business
1040 PINE RIDGE ROAD
Suite, Apt. #, etc.
#

3. Mailing Address
1040 PINE RIDGE ROAD
Suite, Apt. #, etc.
#

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34108

Country
USA

Zip
34108

Country
USA

02032005 Chg-P CR2E034 (10/03)

4. FEI Number
38-3654628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**WHITE, JOHN P
3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, JOHN P 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNSTLER, KENTON 1040 PINE RIDGE ROAD NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Kent Kunstler 5/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #