

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 017 ***150.00

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02172007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000156992 1. Entity Name O & G COMMUNICATION, INC.					
Principal Place of Business 1304 DOB DR. SEFFNER, FL 33584			Mailing Address 1304 DOB DR SEFFNER, FL 33584		
2. Principal Place of Business - No P.O. Box # 19433 GUNN HWY		3. Mailing Address 19433 GUNN HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ODESSA, FL		City & State ODESSA, FL		4. FEI Number 20-1890460	
Zip 33556		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OPREA, OVIDIU 1304 DOB DR. SEFFNER, FL 33584		7. Name and Address of New Registered Agent Name OPREA, OVIDIU Street Address (P.O. Box Number is Not Acceptable) 19433 GUNN HWY City ODESSA FL Zip Code 33556			
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 <small>Signature: typed or printed name of registered agent and title if applicable.</small>		OPREA, OVIDIU <small>(NOTE: Registered Agent signature required when reinstating)</small>		02/17/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P OPREA, OVIDIU 1304 DOB DR. 19433 GUNN HWY SEFFNER, FL 33584 ODESSA, FL 33556		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:		OPREA OVIDIU PRESIDENT		02/17/07 <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		954-551-2142 <small>Daytime Phone #</small>			