## ATTAALILATIO

FILED Jun 08, 2006 8:00 am

Daytime Phone

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

## **Secretary of State** DOCUMENT # P05000074761 06-08-2006 90003 006 \*\*\*150.00 1. Entity Name OP4 INC Principal Place of Business Mailing Address 40095133 13674 RALEIGH LANE 13674 RALEIGH LANE FT MYERS, FL 33919 FT MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Numbe Applied For 59 3806317 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENNAN-DANIEL-C Street Address (P.O. Box Number is Not Acceptable) 13674 RALEIGH LANE FT MYERS, FL 33919 City 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 -3-06 Juna SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRENNAN, DANIEL C NAME NAME STREET ADDRESS 13674 RALEIGH LANE STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33919 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delête TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

## **ATTACHMENT**

Florida Dept of State Division of Corporations PO Box 1500

Tallahassee Fl 32302

40095139

Daniel C Brennan OP4 inc 13674 Raleigh In Ft Myers Fl 33919

To whom it concerns,

I have received the following letter in the mail regarding my filing for the OP4 Corporation. An application had not been filed due to the fact I have not received one prior to the filing date, so as not to be penalized I had found the necessary document numbers on your web site in order to file timely.

With this being the case I ask that you waive the late fee and accept the original filing fee of one hundred fifty dollars (150.00\$).

If any future information is need from me please feel free to contact me at the above address.

Sincerely

Daniel C Brennan pres.