


2008 FOR PROFIT CORPORATION ANNUAL REPORT

150.00
FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000010665	
1. Entity Name ANNIE-O PRODUCTIONS INC.	

Principal Place of Business 6235 NW HWY 27 OCALA, FL 34482	Mailing Address 6235 NW HWY 27 OCALA, FL 34482
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4207636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ANNIE
6235 NW HWY 27
OCALA, FL 34482

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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: Charlie Martin (NOTE: Registered Agent signature required when reinstating)

DATE: 4/30/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTIN, ANNIE 6235 NW HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHLAGER, TAMMY 6235 NW HWY 27 OCALA, FL 34482
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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: Charlie Martin (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 4/30/08

DAYTIME PHONE: 353 840-0448