


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2007 90027 020 ***150.00

DOCUMENT # P06000083837		
1. Entity Name OCO ENTERPRISES, INC.		

Principal Place of Business 1368 NOBLE HERON WAY NAPLES, FL 34105	Mailing Address 1368 NOBLE HERON WAY NAPLES, FL 34105
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60007107



2. Principal Place of Business - No P.O. Box # 1350 NOBLE HERON WAY	3. Mailing Address 1350 NOBLE HERON WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State NAPLES FL	City & State NAPLES FL	4. FEI Number 20-5078240	Applied For <input type="checkbox"/> Not Applicable
Zip 34105	Country COLLIER	Zip 34105	Country COLLIER

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

6. Name and Address of Current Registered Agent
KELLY, CHARLES M JR. %KELLY PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TRAIL NORTH SYUTE 204 NAPLES, FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *David L Osment* DATE 1-08-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 OSMENT, DAVID L 1368 NOBLE HERON WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David L Osment* DATE 1-8-2007 DAYTIME PHONE # 573-280-3042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR