
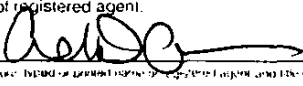
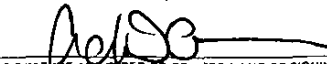


FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90029 044 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000003261			
1. Entity Name OTC&D, INC.			
Principal Place of Business 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801		Mailing Address 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 2909 N. Orange Avenue Suite, Apt. #, etc. 108		3. Mailing Address 2909 N. Orange Avenue Suite, Apt. #, etc. 108	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32804	Country Orange	Zip 32804	Country Orange
6. Name and Address of Current Registered Agent GRAYROBINSON, P.A. 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801		4. FEI Number 20-8243885 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Andrew D. Owens Street Address (P.O. Box Number is Not Acceptable) 2909 N. Orange Avenue Suite 108 City Orlando FL Zip Code 32804		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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:  DATE: 4/5/08			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, ANDREW D 546 WEKIVA LANDINGS DR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  Andrew D. Owens		4/5/08 (407) 228-6485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	