


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000049132 1. Entity Name OZAK CORPORATION |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 342 COREY AVE ST PETERSBURG BEACH, FL 33706 | Mailing Address 342 COREY AVE ST PETERSBURG BEACH, FL 33706 |
|---|---|

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3254146 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OSTERMEIER, JOHN
 5901 LELAND ST S
 ST PETERSBURG, FL 33715

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSTERMEIER, JOHN 5901 LELAND ST S ST PETERSBURG, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSTERMEIER, CARLA L 5901 LELAND ST S ST PETERSBURG, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000060651
 02/23/04-80047-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN OSTERMEIER **JOHN OSTERMEIER** 2/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #