2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P94000049132 1. Entity Name **OZAK CORPORATION** Principal Place of Business Mailing Address 342 COREY AVE ST PETERSBURG BEACH FL 33706 342 COREY AVE ST PETERSBURG BEACH FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3254146 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSTERMEIER, JOHN 5901 LELAND ST S Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33715 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 (NOTE Registered Agent signature required when reinstating) d agnot and tille if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition THE ☐ Delete TITLE OSTERMEIER, JOHN NAME NAME U000000310230 5901 LELAND ST S STREET ADDRESS STREET ADDRESS 04/16/05-80069-007 150.00 CITY-ST-ZIP ST PETERSBURG FL 33715 CITY-ST-7P Delete Change Addition TITLE OSTERMEIER, CARLA L MAME STREET ADDRESS 5901 LELAND ST S STREET ADDRESS ST PETERSBURG FL 33715 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 7:TE C TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HITE ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11115 Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED