

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 033 ***150.00

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1. Entity Name

O.C.I., INC.



Principal Place of Business

1514 1/2 8TH AVENUE
SUITE #2
TAMPA FL 33605

Mailing Address

1514 1/2 8TH AVENUE
SUITE #2
TAMPA FL 33605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-3277243**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECKLEY, LAWRENCE
1514 1/2 8TH AVENUE
TAMPA FL 33605

Name Eckley, Lawrence
Street Address (P.O. Box Number is Not Acceptable)
1514 1/2 EAST 8TH AVE
SUITE 2
City TAMPA FL Zip Code 33605

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 Lawrence Eckley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ECKLEY, LAWRENCE
STREET ADDRESS 1514 1/2 E. 8TH AVE.
CITY-ST-ZIP TAMPA FL 33605

TITLE President ☒ Change ☐ Addition
NAME Eckley, Mitchell
STREET ADDRESS 1514 1/2 8th Ave. E.
CITY-ST-ZIP Tampa, FL 33605

TITLE ST ☒ Delete
NAME ECKLEY, MITCHELL
STREET ADDRESS 1514 1/2 E. 8TH AVE.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☐ Delete
NAME ECKLEY, MITCHELL
STREET ADDRESS 1514 1/2 E. 8TH AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Mitchell E. Eckley 2-23-05 813-248-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #