

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000019132

1. Entity Name

OUTDOOR PROMOTIONAL CONCEPTS, INC.



Principal Place of Business

100 E GRANADA BLVD
ORMOND BEACH, FL 32176

Mailing Address

100 E GRANADA BLVD
ORMOND BEACH, FL 32176 US



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3305056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAUGHAN, KATHRYN ESQ
110 EAST GRANDA BLVD STE 104
ORMOND BEACH, FL 32176

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000407617
02/08/06-80028-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALKER, ED
STREET ADDRESS	16 SYCAMORE CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	COLTELLI, LARRY
STREET ADDRESS	347 N. BEACH ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	SCHLOSSBERG, STEVE
STREET ADDRESS	1601 N. HALIFAX AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	TD
NAME	KANDEL, MARTIN M
STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SCHLOSSBERG

Date

Daytime Phone #

1-31-06 386-237-1026