

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90071 018 ***150.00

DOCUMENT # P95000020402

1. Entity Name
O.F.F., INC.



Principal Place of Business
% ROBERT D. ROYSTON JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS, FL 33907

Mailing Address
% ROBERT D. ROYSTON JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS, FL 33907

24007733



2. Principal Place of Business
1342 Colonial Blvd
Suite 22
Fort Myers, FL
33907 US

3. Mailing Address
1342 Colonial Blvd
Suite 22
Fort Myers FL
33907 US

01232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0563184
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT MYERS, FL 33907

7. Name and Address of New Registered Agent
Name: RONALD SIMON
Street Address (P.O. Box Number is Not Acceptable)
1342 Colonial Blvd
Suite 22
City: FORT MYERS, FL FL 33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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

1/28/04

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 | PD | <input type="checkbox"/> Delete |
| NAME | ODEN, ROBERT DR. | |
| STREET ADDRESS | BOX 172 | |
| CITY-ST-ZIP | CAPTIVA, FL 33924 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | RAPP, DR. GEORGE | |
| STREET ADDRESS | 208 DANIEL DR | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SIMON, RONALD S. | |
| STREET ADDRESS | 1342 COLONIAL BLVD #22 | |
| CITY-ST-ZIP | FT MYERS, FL 33907 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 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

1/28/04

Date

Daytime Phone #