2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 09, 2007 8:00 am
Secretary of State
01-11-2007 90057 050 ***150.00

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1. Entity Name
OZONA COMMERCIAL PROPERTY, INC.

Principal Place of Business	Mailing Address
720 FLORIDA AVE. OZONA, FL 34660 US	300 BAY ST. P.O. BOX 727 OZONA, FL 34660 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0666732
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOELL, ROBERT E.
300 BAY ST.- PO BOX 727
OZONA, FL 34660

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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 Robert E. Noell 1/4/07
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, 2007 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
NAME	NOELL, ROBERT E SR
STREET ADDRESS	P O BOX 727 N/A
CITY-ST-ZIP	OZONA, FL 34660
TITLE	VD
NAME	NOELL, JEAN L
STREET ADDRESS	P O BOX 727 N/A
CITY-ST-ZIP	OZONA, FL 34660
TITLE	STD
NAME	NOELL, CHRISTOPHER E
STREET ADDRESS	P O BOX 727 N/A
CITY-ST-ZIP	OZONA, FL 34660
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert E Noell 2/6/07 727 785-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #