


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90114 030 ***150.00

DOCUMENT # P96000021416	
1. Entity Name OZARK, PERRON & NELSON, P.A.	

Principal Place of Business 2808 MANATEE AVE W BRADENTON, FL 34205 US	Mailing Address 2808 MANATEE AVE W BRADENTON, FL 34205 US
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50026221



03042005 No Chg-P CR2E034 (10/03)

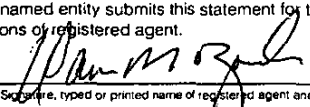
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0640496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OZARK, DAMIAN M 2808 MANATEE AVE W BRADENTON, FL 34205
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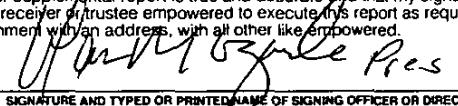
DO NOT WRITE IN THIS SPACE

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 	DAMIAN M. OZARK 3/9/2005
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OZARK, DAMIAN M 1706 94TH COURT NORTHWEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PERRON, ANDRE R 6816 7TH AVE BLVD NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NELSON, MARK A 1315 84TH STREET NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: 	DAMIAN M. OZARK 3/9/05 (941) 750 9760
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>