2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000021416

1. Entity Name
OZARK, PERRON & NELSON, P.A.



Principal Place of Business

2816 MANATEE AVE. W. BRADENTON, FL 34205 U Mailing Address

2816 MANATEE AVE. W. BRADENTON, FL 34205

5 US

FILED Mar 31, 2008 08:00 Al Secretary of State



NELSON, MARK 2816 MANATEE AVE. W. BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

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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	ે સ Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	rd Agent signature required when reinstating)	ng) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution						
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OZARK, DAMIAN M 1706 94TH COURT NORTHWEST BRADENTON, FL 34209			000000874 04/11/08~800	1909 011-013 150.00	
TITLE	VPD					
NAME	PERRON, ANDRE R		•	4		
STREET ADDRESS	6816 7TH AVE BLVD NW		•			
CITY-ST-ZIP	BRADENTON, FL	· · · · · · · · · · · · · · · · · · ·			· ·	
TITLE	VPD					
NAME CYDEET ADDRESS	NELSON, MARK A				<u></u>	
STREET ADDRESS CITY-ST-ZIP	1315 84TH STREET NW BRADENTON, FL 34209	DO NOT WRITE				
TITLE	BIODENTON, 1 E 04203			* ************************************	· •	
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STREET ADDRESS						
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NAME		·				
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CITY-ST-ZIP		nn* (y-*		·		
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 path; that I am an officer or director						

12. I hereby certify that the information supplied with this filling 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

3/18/08

Daytime Phone