


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 015 ***150.00

DOCUMENT # P96000094329			
1. Entity Name OBD, INC.			
Principal Place of Business 7401 ESTERO BLVD FORT MYERS BEACH, FL 33931		Mailing Address 6025 CARLTON LAKES BLVD NAPLES, FL 34110	
2. Principal Place of Business		3. Mailing Address <i>6704 Lone Oak Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>NAPLES FL</i>	
Zip	Country	Zip	Country
		<i>34109</i>	<i>USA</i>



07062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0750305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARLTON LAKES 6025 CARLTON BLVD NAPLES, FL 34110		Name <i>JACK STERLING</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>6704 Lone Oak Blvd.</i>	
		City <i>NAPLES</i> FL Zip Code <i>34109</i>	

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

Jack J. Sterling

7/6/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, ROBERT G	NAME	
STREET ADDRESS	7401 ESTERO BLVD	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, CHRISTOPHER G	NAME	
STREET ADDRESS	7401 ESTERO BLVD	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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

Date

Daytime Phone #

Robert G. Clausen

Robert G. Clausen 7/6/04 239 596 9067