2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000094635

1. Entity Name
OPM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P O BOX 2886	P O BOX 2886
4260 FT. DENAUD RD	4260 FT. DENAUD RD
LABELLE, FL 33975	LABELLE, FL 33975 US

DO NOT WRITE IN THIS SPACE

01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0717168		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOYD, WILLARD
4260 FT DENAUD RD
LABELLE, FL 33935

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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 _____

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U000000787588
01/18/08-80006-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LOYD, WILLARD
STREET ADDRESS	P O BOX 2886
CITY-ST-ZIP	LABELLA, FL 33975

TITLE	D
NAME	LOYD, GLORIA
STREET ADDRESS	P O BOX 2886
CITY-ST-ZIP	LABELLA, FL 33975

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _Gloria Loyd_   Gloria Loyd   1-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #