

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 042 ***150.00

DOCUMENT # P96000099874

1. Entity Name

OPEC FAMILY CORPORATION



Principal Place of Business

910 SW ONTARIO AVE
LIVE OAK FL 32064
US

Mailing Address

910 SW ONTARIO AVE
LIVE OAK FL 32064
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECKER, ANDREW J III
320 WHITE AVE.
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, CALVIN O
910 SW ONTARIO AVE
LIVE OAK FL 32064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHOSSLER, PATRICIA P
3159 MULBERRY PARK CT
TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, EVELYN
RT 1 BOX 2795
FOLKSTON GA 31357 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRELL, LEAH P
10333 124TH ST
LIVE OAK FL 32060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, JOHN C
8817 135TH LOOP
LIVE OAK FL 32060 ☐ Delete
13975 County Rd. 136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Calvin (Ormond) Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-06 386-362-1945

Date

Daytime Phone #