2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000099874

Entity Name: OPEC FAMILY CORPORATION

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	NTARIO AVE FL 32064	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	NTARIO AVE FL 32064	US			
FEI Number:	: 59-3414408	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
320 WHITE LIVE OAK,	FL 32060	US			
	named entity e of Florida.	submits this statement for the pu	rpose of changing its regist	ered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PALMER, CAL 910 SW ONTA LIVE OAK, FL	RIO AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SCHOSSLER, 3159 MULBER TALLAHASSEI	RRY PARK CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CRABTREE, E RT 1 BOX 279 FOLKSTON, G	5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HARRELL, LE. 10333 124TH LIVE OAK, FL	AH P ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (PALMER, JOH 13975 COUNT LIVE OAK, FL	Y RD. 136	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN O. PALMER D 04/28/2009