

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-10-2006 90020 023 ***150.00

DOCUMENT # P97000008129

1. Entity Name
OUR TOWN, INC.



Principal Place of Business
**3845 GATEWAY CENTRE BLVD.
300
PINELLAS PARK, FL 33782 US**

Mailing Address
**3845 GATEWAY CENTRE BLVD.
300
PINELLAS PARK, FL 33782 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02222006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3433266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PLUMMER, MICHAEL L
11801 28TH ST N, UNIT 5
SAINT PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name
Michael L Plummer

Street Address (P.O. Box Number is Not Acceptable)
5339 62nd Avenue S

City
St. Petersburg

FL Zip Code
33715

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 resigning)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
PLUMMER, MICHAEL L
5339 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
PLUMMER, CAROLYN J
5339 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
MORALES, TRAVIS
3845 GATEWAY CENTRE BLVD. # 300
PINELLAS PARK, FL 33782**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

727 345-0811

Daytime Phone #



ATTACHMENT

66006866

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

OUR TOWN, INC.
3845 GATEWAY CENTRE BLVD.
300
PINELLAS PARK, FL 33782 US

Subject: **OUR TOWN, INC.**

Reference Number: **P97000008129**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION

1
SOM
/