## **2005 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P97000075565 1. Entity Name **OUZÉL ENTERPRISES, INC.** Principal Place of Business Mailing Address 606 N MAGNOLIA AVENUE PO BOX 849 OCALA, FL 34478-0849 OCALA, FL 34475 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3509920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARDY, JOHN S JR DO NOT WRITE 606 N MAGNOLIA AVENUE OCALA, FL 34475 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CLARDY, JOHN S JR 606 N MAGNOLIA AVENUE STREET ADDRESS OCALA, F.L. 34475 CITY-ST-7IP TITLE NAME U000003171**88** 04/20/05-80009-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this regort 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. CLARDY

352-622-7161