2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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DOCUMENT # P97000081975  1. Entity Name					Apr 04, 2005 08:00 AM	
OUR FAM	IILY AND FRIENDS, INC.	ж. У			Secretary of State	
Principal Plac	e of Business	Mailing Address		·		
5494 5TH STREET 5494 5TH ST.						
ST AUGUST	INE FL 32080	- SAINT AUGUSTINE FL	. 32080			
					: INDICATE OF THE STATE OF THE	
	Place of Business	3. Mailing Address				
Suite, Apt #, etc.  City & State		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State City & State		City & State	· 		4. FEI Number 59-3470725 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
WALTERS, SALLY R				Name		
5494 5TH STREET ST AUGUSTINE FL 32080				Street Address (P O Box Number is Not Acceptable)		
				City	FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	register	èd office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accep	
the obligat	tions of registered_agent.		Ū			
SIGNATURE	Signature, typed or printed name or registered agent	and little if applicable (NOT	Registere	ed Agent signature requir	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00						
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	HII	<b>i</b>	☐ Change ☐ Additio	
NAME STREET ADDRESS	WALTERS, SALLY 5494 5TH SE		NAM SIR	EET ADDRESS	Uniinna288392	
CUTY-ST-ZIP	ST. AUGUSTINE FL 32084			r-ST-ZIP	.000000288392 04/05/05-80008-005 150.00	
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STREET ADDRESS				FF1 ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
12. I hereby indicated of the co	certify that the information supplied with don this report or supplemental report- rporation or the receiver of trustee amp	h this filing does not qualify fo s true and accurate and that r powered to execute this report	r the exe ny signa as requ	emption stated in S sture shall have the liked by Chapter 6	Section 119.07(3)(1), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 207, Florida Statutes, and that my name appears in Block 10 or Block 11 in	

Date

Daytime Phone #