

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90047 023 ***150.00

DOCUMENT # P98000014561

1. Entity Name

THE FLORIDA OPRY, INC.



Principal Place of Business

204 JOHNSON ROAD WEST
PLANT CITY FL 33566

Mailing Address

P.O. BOX DRAWER RR
PLANT CITY FL 33564



2. Principal Place of Business - No P.O. Box #

3716 Keene Rd.

Suite, Apt. #, etc.

Plant City, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3500263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, J. MYRLE
204 JOHNSON ROAD WEST
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

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

3716 Keene Rd.

City Plant City

FL

Zip Code

33565

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 PTD ☐ Delete
NAME HENRY, J. MYRLE
STREET ADDRESS 204 JOHNSON RD. W
CITY ST ZIP PLANT CITY FL 33566

TITLE VSD ☐ Delete
NAME HENRY, TOMMIE C
STREET ADDRESS 204 JOHNSON RD., W
CITY ST ZIP PLANT CITY FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3716 Keene Rd.
CITY ST ZIP Plant City, FL 33565

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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:

J. Myrle Henry J. Myrle Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-07 752-4094
(813)