
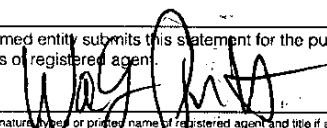
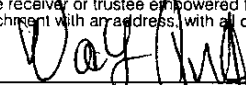


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 018 ***158.75

DOCUMENT # P99000107745 1. Entity Name O.C.F. 27 CORPORATION					
Principal Place of Business 1268 GALLOP DR. LOXAHATCHEE, FL 33470			Mailing Address 1268 GALLOP DR. LOXAHATCHEE, FL 33470		
2. Principal Place of Business 12723 W. Forest Hill Blvd			3. Mailing Address 12723 W. Forest Hill Blvd		
Suite, Apt. #, etc. D11			Suite, Apt. #, etc. D11		
City & State Wellington, FL			City & State Wellington, FL		
Zip 33414		Country USA		Zip 33414	
Country USA		4. FEI Number 65-0967453			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESCOTT, WARREN L 1268 GALLOP DR. LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name WARREN L. PRESCOTT Street Address (P.O. Box Number is Not Acceptable) 51 RIVER DRIVE City TEQUESTA FL Zip Code 33469		
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  DATE 01/19/05 <small>Signature of agent or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESCOTT, WARREN L 1268 GALLOP DR. LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WARREN L. PRESCOTT 51 RIVER DRIVE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date 01/19/05 Daytime Phone #		

30005584



01132005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

PRESCOTT, WARREN L
1268 GALLOP DR.
LOXAHATCHEE, FL 33470

Name **WARREN L. PRESCOTT**

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

51 RIVER DRIVE

City **TEQUESTA**

FL

Zip Code

33469

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Signature of agent or printer name of registered agent and title if applicable.

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DATE

01/19/05

**FILE NOW!!! FEE IS \$150.00
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Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
D
**PRESCOTT, WARREN L
1268 GALLOP DR.
LOXAHATCHEE, FL 33470**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
**WARREN L. PRESCOTT
51 RIVER DRIVE
TEQUESTA, FL 33469**

☒ Change ☐ Addition

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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #