

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # S49077 1. Entity Name OZONE ENTERPRISES, INC.	
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Principal Place of Business 509 BERRY ST. PUNTA GORDA, FL 33950	Mailing Address 509 BERRY ST. PUNTA GORDA, FL 33950
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03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0290505	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRCHNER, MARY C.
1571 ALBATROSS DR
PUNTA GORDA, FL 33950

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000095265 03/24/04-80025-007 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRCHNER, MARY C. 1571 ALBATROSS DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SENDER, ANGELA 1324 AQUI ESTA DR PUNTA GORDA, FL 33950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Angela von Sender **3-18-04** **941 639 7767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #