


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90046 049 ***150.00

DOCUMENT # S49097		
1. Entity Name O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.		
Principal Place of Business 21216 OLEAN BLVD. CENTRAL PLAZA WEST, UNIT 5 PORT CHARLOTTE FL 33952		Mailing Address 21216 OLEAN BLVD. CENTRAL PLAZA WEST, UNIT 5 PORT CHARLOTTE FL 33952
2. Principal Place of Business 21216 OLEAN BLVD.	3. Mailing Address 21216 OLEAN BLVD	
Suite, Apt. #, etc. UNIT 1	Suite, Apt. #, etc. UNIT 1	
City & State PORT CHARLOTTE FL	City & State PORT CHARLOTTE FL	
Zip 33952	Country USA	Zip 33952
	Country USA	



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0273260		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DROWNE, DANIEL K 21216 OLEAN BLVD., UNIT 1 PORT CHARLOTTE FL 33952		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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  **DANIEL K. DROWNE** 1/28/05
Signature, typed or printed name of registered agent (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROWNE, DANIEL K		NAME		
STREET ADDRESS	21216 OLEAN BLVD., UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, EDWARD E		NAME		
STREET ADDRESS	21216 OLEAN BLVD., UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **DANIEL K. DROWNE** 1/28/05 941-629-9689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #