


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90014 002 ***150.00

DOCUMENT # S49097

1. Entity Name
O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.



Principal Place of Business Mailing Address
21216 OLEAN BLVD. UNIT 1 **21216 OLEAN BLVD. UNIT 1**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

20052131



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08012006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0273260 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	
DROWNE, DANIEL K 21216 OLEAN BLVD., UNIT 1 PORT CHARLOTTE, FL 33952		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 _____ 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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DROWNE, DANIEL K 21216 OLEAN BLVD., UNIT 1 PT. CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, EDWARD E 21216 OLEAN BLVD., UNIT 1 PT. CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X Daniel K Drowne 8/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT 20052131

#549097

O&P ASSOCIATED OF CHARLOTTE CO., INC.
21216 OLEAN BLVD., UNIT 1
PORT CHARLOTTE, FL 33952

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Aug 3, 2006

Dear Sir or Madam,

Please abate the penalty for not filing our Annual Report on time. We never received the first notice. We suspect that it was forwarded with the mail of a former principal (Edward E. Palmer) who has left the company.

We have indicated on the form to delete his name from officers and directors.

We are enclosing the usual fee for renewal of the Annual Report.

Thank you for your kindness in this matter.

Sincerely,


Daniel K Drowne