


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90043 041 \*\*\*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**

90051100



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

04112007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

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**

**DROWNE, DANIEL K**  
**21216 OLEAN BLVD., UNIT 1**  
**PORT CHARLOTTE, FL 33952**

**7. Name and Address of New Registered Agent**

Name **PALMER, EDWARD E.**

Street Address (P.O. Box Number is Not Acceptable)  
**21216 OLEAN BLVD., UNIT 1**

City **PORT CHARLOTTE**      FL      Zip Code **33952**

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]*      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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DROWNE, DANIEL K	
STREET ADDRESS	21216 OLEAN BLVD., UNIT 1	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, EDWARD E	
STREET ADDRESS	21216 OLEAN BLVD., UNIT 1	
CITY-ST-ZIP	PORT CHARLOTTE, FLORIDA 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]*      Date: **4/23/07**      Daytime Phone #: **941629-9689**

Signature and typed or printed name of signing officer or director