


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90001 023 ***550.00

DOCUMENT # S61558 1. Entity Name DEE OBERG, INC.					
Principal Place of Business 662 HWY 98 E #220 DESTIN FL 32541 US			Mailing Address 662 HWY 98 E #220 DESTIN FL 32541 US		
2. Principal Place of Business <i>219 scenic Hwy Dr.</i> Suite, Apt. #, etc. <i>Miramar Beach</i> City & State <i>Fla</i> Zip <i>32550</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <i>32550</i>		Country <i>us</i>	
4. FEI Number 59-3072445				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (5/05)	
6. Name and Address of Current Registered Agent OBERG, INEZ D. 662 HWY 98 E #220 DESTIN FL 32541			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 <i>Inez D. Oberg</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607, 93(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
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			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #