

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S62735

1. Entity Name

O S P C, INC.



Principal Place of Business

3316 N.E. 14TH STREET
OCALA FL 34470

Mailing Address

3316 N.E. 14TH STREET
OCALA FL 34470

Same

2. Principal Place of Business

Suite, Apt. #, etc

Same

3. Mailing Address

Suite, Apt. #, etc

Same

City & State

Same

City & State

Same

Zip

Same

Country

Zip

34470

Country

4. FEI Number

59-3074668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELFERS, LEE
3316 N.E. 14TH STREET
OCALA FL 34470

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

Lee Elfers

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE P ☐ Delete
NAME ELFERS, LEE
STREET ADDRESS 3318 N.E. 14TH STREET
CITY - ST - ZIP Ocala FL 34470

TITLE VP ☐ Delete
NAME GOLDSTEIN, DONNA
STREET ADDRESS 2375 NE 199TH ST
CITY - ST - ZIP MIAMI FL 33180

TITLE VP ☐ Delete
NAME ADCOCK DOMES, SANDRA
STREET ADDRESS 1312 NE 33RD AVE APT C
CITY - ST - ZIP Ocala FL 34470

TITLE S ☐ Delete
NAME ADCOCK, VICKI L
STREET ADDRESS 1312 NE 33RD AVE.-C
CITY - ST - ZIP Ocala FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000010964
CITY - ST - ZIP 01/23/04-80018-017 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sandra Adcock Domes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04
Date

1-352-351-4611
Daytime Phone #