

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000011799

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC8857405012**

**Entity Name:** OTTO FINANCE CORP.

**Current Principal Place of Business:**

5293 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**Current Mailing Address:**

5293 S ORANGE BLOSSOM TRAL  
ORLANDO, FL 32839 US

**FEI Number:** 20-4207784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OTTONE, SELMA S  
5293 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	SECR
Name	OTTONE, WALTER SR	Name	OTTONE, SELMA S
Address	821 ALASKA WOODS LN	Address	821 ALASKA WOODS LN
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32839

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER OTTONE

**PRESIDENT**

**03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date