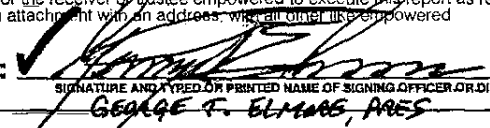


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L60684 1. Entity Name OA ASSOCIATES, INC.		
Principal Place of Business 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445		Mailing Address 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ELMORE, GEORGE T. 2101 S CONGRESS AVE DELRAY BEACH, FL 32445		DO NOT WRITE IN THIS SPACE
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, 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELMORE, GEORGE T. 2101 S CONGRESS AVE DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GORDON, DOUGLAS G. 2101 S CONGRESS AVE DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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 which is duly empowered		
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE T. ELMORE, PRES		12-31-04 561-278-0456 X200 Date Daytime Phone #



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0178760	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/08/05-80049-011 150.00

**DO NOT WRITE
IN THIS SPACE**