

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117660

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: OH MY GAUZE OF WISCONSIN, INC.

**Current Principal Place of Business:**

227 BROAD ST  
LAKE GENEVA, WI 53147

**New Principal Place of Business:**

**Current Mailing Address:**

2123-F PORTER LAKE DR  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 06-1609173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOONEY, KENNETH  
502 N SPOONBILL DR  
SARASOTA, FL 34236      US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOONEY, JOY  
Address: 502 N. SPOONBILL DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: MOONEY, KEN  
Address: 502 N. SPOONBILL DR  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: KOSNICK, KENDRA  
Address: 21 NORTH LANE  
City-St-Zip: OSPREY, FL 34229

Title: S ( ) Delete  
Name: CASTILOW, ALLISON  
Address: 1851 GOLDENROD ST  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CASTILOW, ALLISON  
Address: 1850 GOLDENROD ST  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH MOONEY

VPD

07/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date