

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 360364**

1. Entity Name  
**OSSI CONSULTING ENGINEERS, INC**



Principal Place of Business  
**1810 SOUTH MACDILL AVENUE  
TAMPA, FL 33629**

Mailing Address  
**1810 SOUTH MACDILL AVENUE  
TAMPA, FL 33629**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1287156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OSSI, FAREED T.  
1810 SOUTH MACDILL AVENUE  
TAMPA, FL 33629**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	OSSI, FAREED T
STREET ADDRESS	1810 S. MACDILL AVE.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	TD
NAME	OSSI, JULIA
STREET ADDRESS	1903 S MACDILL AVE
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	VD
NAME	OSSI, DAVID
STREET ADDRESS	5808 S 2ND ST
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	VD
NAME	OSSI, JOHN
STREET ADDRESS	2916 W SAN NICHOLAS ST
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/06-80031-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1/6/06 813-254-6774