

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 039 \*\*\*150.00

**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**

**40035636**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1287156**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME OSSI, FAREED T  
STREET ADDRESS 1810 S. MACDILL AVE.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE TD ☐ Delete  
NAME OSSI, JULIA  
STREET ADDRESS 1903 S MACDILL AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE VD ☐ Delete  
NAME OSSI, DAVID  
STREET ADDRESS 5808 S 2ND ST  
CITY-ST-ZIP TAMPA, FL 33611

TITLE VD ☐ Delete  
NAME OSSI, JOHN  
STREET ADDRESS 2916 W SAN NICHOLAS ST  
CITY-ST-ZIP TAMPA, FL 33629

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  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME OSSI, DAVID  
STREET ADDRESS 3211 TACON ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☒ Change ☐ Addition  
NAME OSSI, JOHN  
STREET ADDRESS 4106 W. SAN MIGUEL ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☒ Addition  
NAME OSSI, DANNY  
STREET ADDRESS 5514 S. MACDILL AVE.  
CITY-ST-ZIP TAMPA, FL 33611

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 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 another like empowered.

SIGNATURE: Fareed Ossi 2/26/08 813.254.6774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #