

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 596218

1. Entity Name
OPUS I, INC.



Principal Place of Business

8621 SW 26 CT
DAVIE, FL 33328 US

Mailing Address

8621 SOUTHWEST 26 COURT
DAVIE, FL 33328 US

FILED

08 MAY 27 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1867578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, JACK C.
8621 SOUTHWEST 26TH COURT
DAVIE, FL 33328

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLOWERS, JACK C
STREET ADDRESS 8621 SW 26TH CT
CITY-ST-ZIP DAVIE, FL 33328

TITLE TD
NAME FLOWERS, JOAN
STREET ADDRESS 8621 SW 26TH CT
CITY-ST-ZIP DAVIE, FL 33328

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

700130929227
06/05/08--01043--028 **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

5/22/08

Date

954-649-8535

Daytime Phone #