

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # F57942

1. Entity Name  
OPUS SOUTH CORPORATION



Principal Place of Business  
4200 W. CYPRESS STREET  
SUITE 444  
TAMPA, FL 33-3607

Mailing Address  
4200 W. CYPRESS STREET  
SUITE 444  
TAMPA, FL 33-3607



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1454928

Applied For  
Not Applicable

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000131893  
04/27/04-80025-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GREENFIELD, BARRY W. 4200 W. CYPRESS ST. #444 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAUENHORST, JOSEPH 1300 SAWGRASS PKWY. #144 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZOROMSKY, HOWARD 4200 W. CYPRESS ST. #444 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV SHAW, JERRY 4200 W CYPRESS ST # 444 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

*Barry Greenfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

(813) 877-4444

Daytime Phone #