

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F97000001016

1. Entity Name  
OPTIMO PLAZA, INC.



Principal Place of Business  
2038 HENLEY PL  
FORT MYERS, FL 33901

Mailing Address  
2038 HENLEY PL  
FORT MYERS, FL 33901

FILED

04 MAY 27 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0751610

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

MAHER, WILLIAM A  
2038 HENLEY PL  
FT MYERS, FL 33901

**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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MUELLER, WILFRED  
STREET ADDRESS 2038 HENLEY PLACE  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE VT  
NAME MUELLER, SANDRA  
STREET ADDRESS 2038 HENLEY PLACE  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE D  
NAME MAHER, WILLIAM A  
STREET ADDRESS 2038 HENLEY PL  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100037725051  
06/07/04--01051--025 \*\*826.25

MAHER, WILLIAM A.

change

**DO NOT WRITE  
IN THIS SPACE**

FF \$150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William A. Maher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

239.337.3247

Daytime Phone #