

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G75552

1. Entity Name
OPEN SOFTWARE TECHNOLOGIES, INC.



Principal Place of Business

**990 DOUGLAS AVENUE
STE 102
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address

**PO BOX 162652
1202 KUMQUAT CT
ALTAMONTE SPGS, FL 32716-652 US**



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2350187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRAVIS, RICHARD B.
1202 KUMQUAT CT
LONGWOOD, FL 32779**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000297625
04/11/05-80033-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAVIS, RICHARD B.
STREET ADDRESS	1202 KUMQUAT CT
CITY - ST - ZIP	LONGWOOD, FL
TITLE	ST
NAME	TRAVIS, WANDA
STREET ADDRESS	1202 KUMQUAT CT
CITY - ST - ZIP	LONGWOOD, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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: *Wanda L. Travis* **Wanda L. Travis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05
Date

407-788-7173
Daytime Phone #