

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

6/ **Aug 06, 2008 8:00 am**
Secretary of State

06-23-2008 90003 027 ***150.00
08-06-2008 90018 050 ***400.00

DOCUMENT # H32133

1. Entity Name
OPTIMEC, INCORPORATED



Principal Place of Business
**7617 SW 5TH PLACE
GAINESVILLE, FL 32607**

Mailing Address
**7617 SW 5TH PLACE
GAINESVILLE, FL 32607**

60046351



DO NOT WRITE IN THIS SPACE

06172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2471616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAVERNARO, GEORGE
7617 SW 5TH PLACE
GAINESVILLE, FL 32607**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$350.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
TAVERNARO, GEORGE FRANZ
7617 SW 5TH PLACE
GAINESVILLE, FL**

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

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 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: *G. Tavernaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/08 PRESIDENT
Date Daytime Phone #