

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91043 003 ***150.00

DOCUMENT # L13332

1. Entity Name
OPUS SOUTH MANAGEMENT CORPORATION



Principal Place of Business
**4200 W CYPRESS ST
STE 444
TAMPA, FL 33607**

Mailing Address
**4200 W CYPRESS ST
STE 444
TAMPA, FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2964421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RAVENHORST, JOSEPH
STREET ADDRESS 1300 SAWGRASS PKWY STE. 144
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☒ Change ☐ Addition
NAME **Joseph, Ravenhorst**
STREET ADDRESS
CITY-ST-ZIP

TITLE VTSD ☐ Delete
NAME GREENFIELD, BARRY
STREET ADDRESS 4200 W. CYPRESS, STE 444
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MOODY, CHARLES H
STREET ADDRESS 11675 GREAT OAKS WAY #144
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE ☒ Change ☐ Addition
NAME **AS Moody, Charles**
STREET ADDRESS **925 N. Point Parkway #150**
CITY-ST-ZIP **Alpharetta GA 30005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 (813) 877-4444