
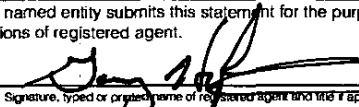
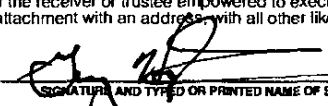


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90016 035 ***158.75

DOCUMENT # P01000072273		
1. Entity Name OPTIMAL OUTCOMES DEVELOPMENT, INC.		
Principal Place of Business 200 2ND AVE. SO. #449 SAINT PETERSBURG, FL 33701		Mailing Address 200 2ND AVE. SO. #449 SAINT PETERSBURG, FL 33701
2. Principal Place of Business 2728 2nd St. So. Suite, Apt. #, etc.		3. Mailing Address 200 2nd Ave So # 440 Suite, Apt. #, etc.
City & State St. Petersburg FL		City & State St. Petersburg FL
Zip 33705 County Pinellas		Zip 33701 County Pinellas
6. Name and Address of Current Registered Agent HOPKINS, GARY L 200 2ND AVE. SO. #440 SAINT PETERSBURG, FL 33701		
7. Name and Address of New Registered Agent 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:  DATE: 8-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, GARY L 200 2ND AVE. SO. #440 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-11-04 (727) 688-1654 <small>Date Daytime Phone #</small>

44052016



08112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3735218
Applied For
Not Applicable

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