


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90025 016 \*\*\*150.00

<b>DOCUMENT # P02000030475</b> 1. Entity Name OHEE & MAHEE, INC.		
Principal Place of Business 4721 PALM BEACH BLVD FT MYERS, FL 33905	Mailing Address 4721 Palm Beach PO DRAWER 00205 FORT MYERS, FL 33908 33905	



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0055500	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  SYED, SAMIR B 4721 PALM BEACH BLVD FORT MYERS, FL 33905
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**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, 2007 Fee will be \$550.00**

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	P SYED, SAMIR B 4721 PALM BEACH BLVD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SYED, SHAHANA G 4721 PALM BEACH BLVD FORT MYERS, FL 33905
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:** ✓ 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


3/12/07 ✓

Date

Daytime Phone #

239 357 7237

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030475	
1. Entity Name OHEE & MAHEE, INC.	

ATTACHMENT

Principal Place of Business 4721 PALM BEACH BLVD FT MYERS, FL 33905	Mailing Address <del>PO DRAWER 60205</del> <del>FORT MYERS, FL 33905</del>
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40040711

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4721 Palm Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Fort Myers FL
Zip	Zip 33905
Country	Country Lee

03062007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0055500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SYED, SAMIR B 4721 PALM BEACH BLVD FORT MYERS, FL 33905	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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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 NAME STREET ADDRESS CITY-ST-ZIP	P SYED, SAMIR B 4721 PALM BEACH BLVD FT MYERS, FL 33905 <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	ST SYED, SHAHANA G 4721 PALM BEACH BLVD FORT MYERS, FL 33905 <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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SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_