## 2007 FOR PROFIT CORPORATION

## Mar 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000030475 03-23-2007 90025 016 \*\*\*150.00 1. Entity Name OHEE & MAHEE, INC. Principal Place of Business Mailing Address PO-DRAWER 6020 4721 PALM BEACH BLVD FORT MYERS, FL 33908 FT MYERS, FL 33905 339*05* 02162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0055500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SYED, SAMIR B DO NOT WRITE 4721 PALM BEACH BLVD FORT MYERS, FL 33905 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SYED, SAMIR B 4721 PALM BEACH BLVD STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33905 TITLE SYED, SHAHANA G NAME 4721 PALM BEACH BLVD STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-73P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 ampowered.

3/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P02000030475  1. Entity Name OHEE & MAHEE, INC. |   |  |  |                      | ATTACHMENT                  |                        |                            |                           |             |
|--|---|--|--|----------------------|-----------------------------|------------------------|----------------------------|---------------------------|-------------|
| Principal Plac<br>4721 PALM<br>FT MYERS, F                 | BEACH BLVD  | Mailing Address - PO DRAWER 60205 - FORT MYERS, FL 3390              | -<br><del>)6</del> —                             |                      |                             | į                      |                            |                           |             |
| 2. Principal P   | lace of Business - No P.O. Box #  | 3. Mailing Address   | 3. Mailing Address<br>4721 Palm Beach Blud       |                      |                             | 040                    | 711                        |                           |             |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |  |                      |                             | Chg-P                  | CR2E00                     | 34 (12/06)                |             |
| City & State   | e   | City & State Fort Myers FL   |  |                      | 4. FEI Number<br>30-0055500 |                        | Applied For Not Applicable |                           |             |
| Zip  | Country   | 33905  | Countr   | Lee                  | 5. Certificate              | of Status Desired      |                            | \$8.75 Add<br>ee Required |             |
|  | 6. Name and Address of Currer   |  | 7. Name and Address of New Registered Agent Name |                      |                             |                        |                            |                           |             |
|  | MIR B<br>M BEACH BLVD<br>ERS, FL 33905  | Street Address (P.O. Box Number is Not Acceptable)                   |  |                      |                             |                        |                            |                           |             |
|  |   |  | Ì  | City                 |                             |                        | FL                         | Zip Code                  | )           |
|  | named entity submits this statement<br>tions of registered agent.  Signature, typed or printed name of registered age                                       |  | _  | d office or register |                             | th, in the State of Fl | orida. I am f              | amiliar with,             | and accept  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550  | 9. Election Campai<br>Trust Fund Contr                               |  |                      | .00 May Be<br>led to Fees   |                        |                            |                           |             |
| 10.<br>TITLE   | OFFICERS AN   | D DIRECTORS Delete   | 11.  |                      | ADDITIONS                   | CHANGES TO OFF         | ICERS AND                  | DIRECTORS  Change         |             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | SYED, SAMIR B<br>4721 PALM BEACH BLVD<br>FT MYERS, FL 33905   | Delete   | NAME<br>STREE                                    | T ADDRESS<br>ST-ZIP  |                             |                        |                            | Onlinge                   | Addition    |
| TITLE NAME STREET ADDRESS CITY_ST-ZIP                      | ST<br>SYED, SHAHANA G<br>4721 PALM BEACH BLVD<br>FORT MYERS, FL_33905   | ☐ Delete   |  | T ADDRESS<br>ST-ZIP  | _                           |                        |                            | Change                    | ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP                    |   | □ Delete   |  | T ADDRESS<br>ST-ZIP  |                             |                        |                            | Change                    | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |   | □ Delete   |  | T ADDRESS<br>ST-ZIP  | . ,                         | •                      |                            | Change                    | ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |   | ☐ Delete   |  | T ADDRESS<br>ST-ZIP  | , z e                       | <i>,</i>               |                            | Change                    | Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |   | ☐ Delete   |  | T ADDRESS<br>ST-ZIP  | ,5                          |                        |                            | ☐ Change                  | Addition    |
| indicated<br>of the col<br>changed                         | certify that the information supplied will on this report or supplemental report poration or the receiver or trustee error on an attachment with an address | t is true and accurate and that no<br>powered to execute this report | ny signati<br>as requir                          | ure shall have the   | same legal effe             | ct as if made under    | oath; that I a             | m an officer              | or director |
| SIGNAT   | TURE:SIGNATURE AND TYPED O  | R PRINTED NAME OF SIGNING OFFICER                                    | OR DIRECT  | OR                   |                             | Date                   | Da                         | aytime Phone #            | <u>_</u>    |