

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 4721 PALM BEACH BLVD FT MYERS, FL 33905	Mailing Address PO DRAWER 60205 FORT MYERS, FL 33906
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04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent SYED, SAMIR B 4721 PALM BEACH BLVD FORT MYERS, FL 33905

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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 _____ DATE _____
Signature, typed or printed name of registered agent and if it is applicable. (NOTE: Registered Agent signature required when reinstating)

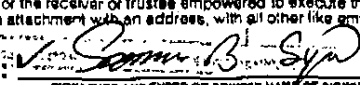
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME SYED, SAMIR B
STREET ADDRESS 4721 PALM BEACH BLVD	
CITY-ST-ZIP FT MYERS, FL 33905	
TITLE ST	NAME SYED, SHAHANA G
STREET ADDRESS 4721 PALM BEACH BLVD	
CITY-ST-ZIP 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	

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05/29/08-80093-025 150.00

**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: 	Date: 4/29/08	Daytime Phone: 239 357 7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		