

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91214 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000091614					
1. Entity Name OPHIRE CO INC					
Principal Place of Business 400 PINECREST CT CAPE CORAL, FL 33904 US			Mailing Address 400 PINECREST CT CAPE CORAL, FL 33904 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Filer Number 20-0353026			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		
JESSE, LUTZ W 400 PINECREST CT CAPE CORAL, FL 33904			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 registrant, agent and filer separately (except for Registered Agent signature required when not using) 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 (BLOCK 11)		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JESSE, LUTZ W	NAME			
STREET ADDRESS	400 PINECREST CT	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BATISTA, ARMINDA L	NAME			
STREET ADDRESS	400 PINECREST CT	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(2)(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 addendum, with all other like amendments.					
SIGNATURE: <u>Andrew Wolcott</u>			Date: <u>4-30-04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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