


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091614
1. Entity Name
OPHIRE CO INC



Principal Place of Business Mailing Address
400 PINECREST CT 400 PINECREST CT
CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US

DO NOT WRITE IN THIS SPACE



08082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0353026 Not Applicable

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

6. Name and Address of Current Registered Agent

JESSE, LUTZ W
400 PINECREST CT
CAPE CORAL, FL 33904

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$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	
TITLE	P
NAME	JESSE, LUTZ W
STREET ADDRESS	400 PINECREST CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	BATISTA, ARMINDA L
STREET ADDRESS	400 PINECREST CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
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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09/01/05-80004-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jesse W. Lutz Lutz W, JESSE P-30-05 239.945.1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #