## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2005 8:00 am Secretary of State

DOCUMENT # P0400030245  1. Entity Name OPTIMA DEVELOPMENT CORPORATION					05-23-2005 90007 037 ***550.00				
Principal Place of Business 1920 E HILLSBOROUGH AVE TAMPA, FL 33610		Mailing Address 1920 E HILLSBOROUGH AVE TAMPA, FL 33610			66024460				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-P	CR2E	034 (10/03)	
City & State		City & State			42.FELAjumbe	3/00	157		optied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desire	ed 🔲	\$8.75 Add	
	6. Name and Address of Curren	Registered Agent			7. Name and	Address of Ne	w Registered	Agent	
MATTE T	ONI			Name					
WATTS, TONI 1920 E HILLSBOROUGH AVE TAMPA, FL 33610				Street Address (P.O. Box Number is Not Acceptable)					
173111 73,1	2 00010						_		
				City	FL Zip Code				
The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.				ed office or regists	red agent, or bo	th, in the Stare o	filorida. I an	n familiar with,	and accept
) Gie Obligai	itoris di registered agent.	Par	111		i/	n /2	M/		
SIGNATURE Sometime, typoed or pretted rearre of registered agent engine of applicable. (NOTE Agginates A					ompreneums)	5.0	DATE	1-10	
FILE NOWILL SEE IS \$150.00  After May 1, 2009 Fee will be \$550.00  9. Election Campain Fint Trust Fund Contribution			on Finar ibution.		.00 May Be sed to Fess		7		
10.	OFFICERS AND		11,		ADDITIONS/	CHANGES TO	OFFICERS AN	IO DIRECTOR	S IN 11
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NAME	D		m	i i				Change	Addition
1	HAUGABROOK, EARL		NAM	E					Addition
STREET ADDRESS	HAUGABROOK, EARL 1407 SHELL FLOWER DR		NAM STRE	E Et address					☐ Addition
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12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report list use and accurate and that my 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:

MATURE AND TYPED OR PRINTED HAME CHYPICSING OFFICER OR DIRECTOR

Date O Ocyame 6