


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-23-2005 90007 037 ***550.00

DOCUMENT # P04000030245

1. Entity Name
OPTIMA DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
1920 E HILLSBOROUGH AVE **1920 E HILLSBOROUGH AVE**
TAMPA, FL 33610 **TAMPA, FL 33610**

66024460



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
20-3100157 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WATTS, TONI
1920 E HILLSBOROUGH AVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent

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: *Chloe Honey* Pres/CEO DATE: 1/7/2005

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAUGABROOK, EARL	
STREET ADDRESS	1407 SHELL FLOWER DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, FRANK	
STREET ADDRESS	1106 W CORAL ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONEY, CHLOE, J	
STREET ADDRESS	7105 WHITTIER ST	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, SUSIE	
STREET ADDRESS	1611 VILLAREAL ST	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: *Chloe Honey* DATE: 1/7/2005

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #