


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000025349 1. Entity Name OPTIMUM TRANSPORT, INC.		
Principal Place of Business 2522 SW 24TH COURT CAPE CORAL, FL 33914	Mailing Address PO BOX 151818 CAPE CORAL, FL 33915-1818	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CIRILLO, MELANIE R 2522 SW 24TH CT. CAPE CORAL, FL 33914		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRILLO, MELANIE R 2522 SW 24TH CT. CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRILLO, RONALD L 2522 SW 24TH CT. CAPE CORAL, FL 33914	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Melanie Cirillo</u> <u>Melanie Cirillo</u> <u>01/09/06</u> <u>239-542-7500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0819188	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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01/13/06-80001-023 150.00

**DO NOT WRITE
IN THIS SPACE**