

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 023 ***150.00

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**

40005659



2. Principal Place of Business - No P.O. Box #

2456 Blackburn Circle

3. Mailing Address

Suite, Apt. #, etc.

01142008

Chg-P

CR2E034 (12/06)

City & State

Cape Coral, FL

City & State

4. FEI Number

65-0819188

Applied For

Not Applicable

Zip

33991

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CIRILLO, MELANIE R
2522 SW 24TH CT.
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name

Cirillo, Melanie R

Street Address (P.O. Box Number is Not Acceptable)

2456 Blackburn Circle

City

Cape Coral

FL

Zip Code

33991

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

Melanie Cirillo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/14/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **CIRILLO, MELANIE R**
STREET ADDRESS **2522 SW 24TH CT.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** ☐ Delete
NAME **CIRILLO, RONALD L**
STREET ADDRESS **2522 SW 24TH CT.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Cirillo, Melanie R**
STREET ADDRESS **2456 Blackburn Circle**
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **D** ☒ Change ☐ Addition
NAME **Cirillo, Ronald L**
STREET ADDRESS **2456 Blackburn Circle**
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Melanie Cirillo **Melanie Cirillo**

01/14/08 239-282-9200