

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90049 009 ***150.00

DOCUMENT # P98000058266

1. Entity Name

OPTIMAL ENGINEERING SOLUTIONS, INC.



Principal Place of Business

120 GREY DOVE COURT
DAYTONA BEACH FL 32119
US

Mailing Address

120 GREY DOVE COURT
DAYTONA BEACH FL 32119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6607 Deneah Ct.

Suite, Apt. #, etc.

6607 Deneah Ct.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32128

Country

USA

Zip

32128

Country

USA

4. FEI Number

59-3546399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, DEBORAH M
120 GREY DOVE COURT
DAYTONA BEACH FL 32119

Name

Osborne, Deborah M.

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

6607 Deneah Ct.

City

Port Orange

FL

Zip Code

32128

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 *Deborah M Osborne, Deborah M Osborne, President*

3/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME OSBORNE, DEBORAH M
STREET ADDRESS 120 GREY DOVE COURT
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6607 Deneah Ct.
CITY-ST-ZIP Port Orange, FL 32128

TITLE ST ☐ Delete
NAME GEORGE, JOHN H
STREET ADDRESS 653 MARINA POINT
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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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 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:

Deborah M Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04

Date

386 767-1802

Daytime Phone #