

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073830

Entity Name: OMEGA INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

5129 S LAKELAND DR
#3
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 6016
LAKELAND, FL 33807 US

FEI Number: 20-4957984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, JEFF
5129 S LAKELAND DR
#3
LAKELAND, FL 33813 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name THOMPSON, JEFF T
Address 5129 S LAKELAND DR
 #3
City-State-Zip: LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF THOMPSON

PRESIDENT

02/14/2025

Electronic Signature of Signing Officer/Director Detail

Date