

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000082381

**Entity Name:** OMS PEO, INC.

**Current Principal Place of Business:**

26 LAKE WIRE DRIVE  
SUITE #1  
LAKELAND, FL 33815

**Current Mailing Address:**

P.O. BOX 2  
LAKELAND, FL 33802 US

**FEI Number:** 46-1332228

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARLOW, MAHLON H  
401 EAST JACKSON STREET  
SUITE 2225  
TAMPA, FL 33602 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 D,P  
Name CLEGHORN, BOB  
Address 26 LAKE WIRE DRIVE, SUITE #1  
City-State-Zip: LAKELAND FL 33815

*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:** BOB CLEGHORN

D, P

01/20/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date