

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 622184

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** OMEGA INSURANCE COMPANY

**Current Principal Place of Business:**

601 II RIVERSIDE AVE  
#619  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

601 II RIVERSIDE AVE  
619  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-1906611      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEIN, ROBERT L  
Address: 3903 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: KYLE, WILLIAM L., JR.  
Address: 4250 LAKESIDE DRIVE, 304  
City-St-Zip: JACKSONVILLE, FL

Title: CPT ( ) Delete  
Name: WINSTON, JAMES HORNE, R  
Address: 601 II RIVERSIDE AVE #619  
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete  
Name: BATEH, RENEE  
Address: 8180 WEKIVA WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: WINSTON, MARY B  
Address: 4825 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MCRAE, WALTER A JR  
Address: 1725 MEMORIAL PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RENEE BATEH

VP

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

GARTNER, WINFIELD DIRECTOR  
8514 W. CATHEDRAL OAKS PL  
JACKSONVILLE, FL 32207

ROSS, MARY A. VICE PRESIDENT  
2803 UNISON COURT  
MIDDLEBURG, FL 32068