

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622184

FILED
Apr 12, 2005
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:

601 II RIVERSIDE AVE
SUITE #619
JACKSONVILLE, FL 32204 US

Current Mailing Address:

601 II RIVERSIDE AVE
619
JACKSONVILLE, FL 32204

New Mailing Address:

601 II RIVERSIDE AVE
SUITE #619
JACKSONVILLE, FL 32204 US

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: D (X) Change () Addition
Name: STEIN, ROBERT L
Address: 3903 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SD (X) Change () Addition
Name: KYLE, WILLIAM L JR
Address: 4637 WADHAM LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: CPT (X) Change () Addition
Name: WINSTON, JAMES H
Address: 601 II RIVERSIDE AVE #619
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: V (X) Change () Addition
Name: ROSS, MARY A
Address: 2803 UNISON CT
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D (X) Change () Addition
Name: WINSTON, MARY B
Address: 4825 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D (X) Change () Addition
Name: GARTNER, WINFIELD A
Address: 8514 W CATHEDRAL OAKS PL
City-St-Zip: JACKSONVILLE, FL 32207 US

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: MARY A ROSS

VP

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date