

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622184

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: OMEGA INSURANCE COMPANY

## Current Principal Place of Business:

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 US

## New Principal Place of Business:

## Current Mailing Address:

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 US

## 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: DPCE ( ) Delete  
Name: SHIVELY, WILLIAM J  
Address: 608 SW 97TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DVP ( ) Delete  
Name: MATZ, DONALD C JR.  
Address: 4314 SW 96TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: S ( ) Delete  
Name: BENSON, KEYTON  
Address: 5814 SW 89TH TERR  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: DT ( ) Delete  
Name: CURRAN, JOEL  
Address: 4007 S.W. 93RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32608 US

## 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: T (X) Change ( ) Addition  
Name: BENSON, KEYTON  
Address: 5814 SW 89TH TERR  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: DS (X) Change ( ) Addition  
Name: CURRAN, JOEL  
Address: 4007 S.W. 93RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM J. SHIVELY

Electronic Signature of Signing Officer or Director

DP

03/13/2009

\_\_\_\_\_ Date