

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646347

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: EARL K. OMAN, P.A.

## Current Principal Place of Business:

% EARL K. OMAN  
4626 UNIVERSITY DR.  
CORAL GABLES, FL 331461149

## New Principal Place of Business:

% EARL K. OMAN  
4626 UNIVERSITY DR.  
CORAL GABLES, FL 33146

## Current Mailing Address:

% EARL K. OMAN  
4626 UNIVERSITY DR.  
CORAL GABLES, FL 331461149

## New Mailing Address:

% EARL K. OMAN  
4626 UNIVERSITY DR.  
CORAL GABLES, FL 33146

FEI Number: 59-1969500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OMAN, EARL K  
4626 UNIVERSITY DR  
CORAL GABLES, FL 331461149 US

## Name and Address of New Registered Agent:

OMAN, EARL K  
4626 UNIVERSITY DR  
CORAL GABLES, FL 33146 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: EARL K. OMAN

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OMAN, EARL K  
Address: 4626 UNIVERSITY DR  
City-St-Zip: CORAL GABLES, FL 33146

Title: ST ( ) Delete  
Name: OMAN, EARL K  
Address: 4626 UNIVERSITY DR  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EARL K. OMAN

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date