

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90012 004 \*\*\*150.00

**DOCUMENT # 649550**

1. Entity Name  
**ALPHA OMEGA CONSULTANTS, INC.**



Principal Place of Business  
**1100 COMMERCIAL BLVD  
120  
NAPLES, FL 34104-7097 US**

Mailing Address  
**1100 COMMERCIAL BLVD  
120  
NAPLES, FL 34104-7097 US**

**24027684**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1980434**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PUCKETT, H. ERNEST  
540 REGATTA RD  
NAPLES, FL ~~34203~~ 34103**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PUCKETT, H. ERNEST
STREET ADDRESS	540 REGATTA RD
CITY-ST-ZIP	NAPLES, FL
TITLE	S
NAME	PUCKETT, CAROL A.
STREET ADDRESS	540 REGATTA RD
CITY-ST-ZIP	NAPLES, FL
TITLE	VP
NAME	HODGES, WILLIAM L.
STREET ADDRESS	873 CARRICK BEND CIR #202
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Carol Puckett **CAROL PUCKETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

239-643-1776

Daytime Phone #