

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90016 020 ***158.75

DOCUMENT # F00000005813

1. Entity Name
OMEGA REQUIESCENCE, INC.



Principal Place of Business

Mailing Address

~~800 TARPON WOODS BLVD~~
~~FS~~
PALM HARBOR, FL 34685

~~800 TARPON WOODS BLVD~~
~~FS~~
PALM HARBOR, FL 34685

44047981



2. Principal Place of Business

3. Mailing Address

3829 Darston Street
Suite, Apt. #, etc.

3829 Darston Street
Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State

City & State

Palm Harbor FL
Zip 34685 Country

Palm Harbor FL
Zip 34685 Country

4. FEI Number
34-1869587

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIXON, MARILYN A
3829 DARSTON STREET
PALM HARBOR, FL 34685

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	NIXON, MARILYN A	
STREET ADDRESS	3829 DARSTON STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	DST	<input type="checkbox"/> Delete
NAME	INMAN, ROBERT J	
STREET ADDRESS	4428 WORTHINGTON CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04
Date

1-800-321-0566
Daytime Phone #