

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004184

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Entity Name:** OMNI MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

4138 NORTH KEYSTONE AVWENUE  
INDIANAPOLIS, IN 46205

**New Principal Place of Business:**

212 WEST 10TH STREET  
B300  
INDIANAPOLIS, IN 46202

**Current Mailing Address:**

4138 NORTH KEYSTONE AVWENUE  
INDIANAPOLIS, IN 46205

**New Mailing Address:**

PO BOX 441570  
INDIANAPOLIS, IN 462441570 US

**FEI Number:** 73-1637869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OMIN MANAGEMENT SERVICES, INC.  
8695 COLLEGE PARKWAY  
SUITE 1274  
FORT MYERS, FL 33919 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: LOEHR, TIM  
Address: PO BOX 441570  
City-St-Zip: INDIANAPOLIS, IN 462441570

Title: P  
Name: LOEHR, TIM  
Address: PO BOX 441570  
City-St-Zip: INDIANAPOLIS, IN 462441570

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY J LOEHR

PRES

02/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date