

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G37501

1. Entity Name

OMNIUM SERVICES PARTNERS, INC.



Principal Place of Business

421 EVESHAM PLACE
LONGWOOD FL 32779
US

Mailing Address

421 EVESHAM PLACE
LONGWOOD FL 32779
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

58-1564351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LODDE, MR BERNARD
421 EVESHAM PLACE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME LODDE, BERNARD
STREET ADDRESS 421 EVESHAM PLACE
CITY ST- ZIP LONGWOOD FL 32779

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST- ZIP
000000241099
02/24/05-80029-019 150.00

TITLE P ☐ Delete
NAME LODDE, INGEBORG
STREET ADDRESS 421 EVESHAM PLACE
CITY ST- ZIP LONGWOOD FL 32779

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST- ZIP

TITLE ☐ Delete
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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

2/22/05

(407)235-5828