2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2005 8:00 am Secretary of State 04-25-2005 90212 037 ***158.75

DOCUMENT # H54831 1. Entity Name OMEGA: PLUS, INC.	06-09-2005 90002 017 ***400.00
Principal Place of Business -6/0 IAMES L. IENNINGS -9/23 ALLWOODPL -9/24 ALLWOODPL -9/25 ALLWOODPL -9/24 ALLWOODPL -9/25 ALLWOODPL -9/2	
DO NOT WRITE IN THIS SPACE	04062005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2545743 Not Applicable 5. Certificate of Status Desired
8. Name and Address of Current Registered Agent JENNINGS JAMES! Rowald Hill 9223 ALLWOOD PL: ORLANDO, EL 32875. 2004 Department Orlando, Fli Barrell 32808	DO NOT WRITE IN THIS SPACE
8. The above hamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature of the state of Florida. I am familiar with, and accept the obligations of registered agent. PATE: Registered Agent sensions of the state of the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am f	
10. OFFICERS AND DIRECTORS ITTLE NAME DANNELS: OLARENSE: J. James L. Jennings STREET ADDRESS 12288 KENNYRD 2000 CIPS hire C+ TITLE STD NAME DANNELS: OLARENSE: J. James L. STREET ADDRESS 12288 KENNYRD 2000 CIPS hire CT STREET ADDRESS 12288 KENNYRD 2000 CIPS hire CT CITY-SI-DP WOODBRIDGE, VA BOW 12 Md 2071	
TITLE NAME STREET ACCIDESS CITY-SI-ZIP LITLE MAME STREET ACCIDESS CITY-SI-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Second on this report or supplemental report is injusted accurate and that my signature shall have the a of the corporation or are receiver for trustee empoyered to execute this report as required by Chapter 607 changed, or on any attachment with an address, with all other like empowered.	ction 119.07(3)(i), Florida Statutes, I further certify that the information name legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:	Aligios Depare Phone 6

ATTACHMENT 40087630

Division of Corporations

Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

H54831

Document Number

Business Entity Name OMEGA PLUS, INC.

Prior notice was Received
FEI Number 592545743
FEI Number Status Current
Certificate of Status Desired Yes

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address C/O JAMES L. JENNINGS

Suite, Apt. #, etc. 2000 UPSHIRE COURT

City, State BOWIE, MD

Zip Code & Country 20721

Mailing Address

Address C/O JAMES L. JENNINGS

Suite, Apt. #, etc. 2000 UPSHIRE COURT

City, State BOWIE, MD

Zip Code & Country @0721

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HILL, RONALD

Address 5605 OAKFIELD STREET

Suite, Apt. #, etc.

City, State ORLANDO, FL Zip Code & Country 32808 US

Registered Agent Signature RONALD HILL

Officer/Director Name And Address

Title PST

Name (Last, First, Middle, Title) JENNINGS, JAMES, L Street Address 2000 UPSHIRE COURT

City, State BOWIE, MD

Division of Corporations

ATTACHMENT

Page 2 of 2

Zip Code & Country

20721

40087630 # 454831

Title

STD

Name (Last, First, Middle, Title)

JENNINGS, JAMES, L 2000 UPSHIRE COURT

Street Address

BOWIE, MD

City, State Zip Code & Country

20721

Title

PST

Officer/Director Signature JAMES L JENNINGS

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