2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # J55662

1. Entity Name
OMEGA BUSINESS SOLUTIONS II, INC.

Principal Place of Business
229 AVE K S.E.
WINTER HAVEN, FL 33880

Mailing Address
P.O. BOX 1821
WINTER HAVEN, FL 33882

02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2767125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAL, JOHN W
229 AVE K S.E.
WINTER HAVEN, FL 33-880y

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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	PD
NAME	DIAL, MARVIN R
STREET ADDRESS	229 AVE K S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	BOYD, WILLIAM A
STREET ADDRESS	4601 REYNESA DR.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	STD
NAME	DIAL, JOHN W
STREET ADDRESS	17 E. LAKE DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/04-80048-013 150.00

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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: 2-25-04 863-299-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #