

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 019 ***150.00

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**



2. Principal Place of Business - No P.O. Box #
199 AVE K S.E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter HAVEN, FL

City & State

04262007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2767125

Applied For
Not Applicable

Zip
33880

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
199

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DIAL, MARVIN R
229 AVE K S.E.
WINTER HAVEN, FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BOYD, WILLIAM A
202 LAKE HOWARD DR. S.W.
WINTER HAVEN, FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
DIAL, JOHN W
142 WYNDHAM DR
WINTER HAVEN, FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
199 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-27-07

Date

863-299-0872

Daytime Phone #