2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L34666

1. Entity Name
OMNI AVIATION, INC.

FILED
Apr 22, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4500 140TH AVE. N. SUITE 207 CLEARWATER, FL 34622 US	3814 BROCK HAMPTON COURT CORPUS CHRISTI, TX 78414 US

04192004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2978067

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CPA, MR. RONALD
11839 SAN JOSE BLVD
JACKSONVILLE, FL 32223

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000124756
04/22/04-80057-022 158.75

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	O'LEARY, JOHN J III
STREET ADDRESS	3814 BROCKHAMPTON CT
CITY-ST-ZIP	CORPUS CHRISTI, TX 78414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J J O'Leary 4/19/2004 361-816-3012
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #