


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L56883</b> 1. Entity Name <b>AMERICAN OMNI TRADING COMPANY</b>	
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1887081</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEVENREICH, DAVID C  
406 S. PROSPECT AVENUE  
CLEARWATER, FL 34616

**DO NOT WRITE  
IN THIS SPACE**

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

000000091632  
03/18/04-80016-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRACKIN, TOM 3200 WILCREST #415 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUNLAP, MIKE EUREKA EXTENDED BATESVILLE, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAY, BUDDY EUREKA EXTENDED BATESVILLE, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRACKIN, KATHY 3200 WILCREST #415 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

**TOM K. BRACKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/04**

Date

**713-785-2700**

Daytime Phone #