

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90039 043 ****70.00

DOCUMENT # N04000009227

1. Entity Name
OMNIDOMINION, INC.



Principal Place of Business
**1648 TAYLOR RD STE 158
PORT ORANGE, FL 32128-6753**

Mailing Address
**1648 TAYLOR RD STE 158
PORT ORANGE, FL 32128-6753**

40005950



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
51-0525094

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYD, JANICE C
1648 TAYLOR RD STE 158
PORT ORANGE, FL 32128-6753**

Name

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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOYD, JANICE C**
CITY-ST-ZIP **1648 TAYLOR RD STE 158
PORT ORANGE, FL 321286753**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Boyd, Janice C.**
CITY-ST-ZIP **911 E. 2ND AVE.
New Smyrna Beach, FL 32169-3011**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GANT, JOANN**
CITY-ST-ZIP **4375 S ATLANTIC AVE #B5
NEW SMYRNA BEACH, FL 32169**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHILDERS, SHERRY L**
CITY-ST-ZIP **1112 N BRADFORD AVE #239
PLACENTIA, CA 92780**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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 617, 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

Date

Daytime Phone #

1-21-05