

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005074

Entity Name: OMEGA III, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

3455 PINE RIDGE RD SUITE 101  
NAPLES, FL 34109

## New Principal Place of Business:

2910 70TH STREET SW  
NAPLES, FL 34105

## Current Mailing Address:

3455 PINE RIDGE RD SUITE 101  
NAPLES, FL 34109

## New Mailing Address:

19250 GREEN LAKES LP  
BEND, OR 97702

FEI Number: 59-3618763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, GLENN E  
3455 PINE RIDGE RD SUITE 101  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

GRANT, GLENN E  
2910 70TH STREET SW  
NAPLES, FL 34105 US

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.

SIGNATURE:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GRANT, GLENN E  
Address: 2910 70TH STREET SW  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: GRANT, ERIC P  
Address: 15890 LYONS VALLEY ROAD  
City-St-Zip: JAMUL, CA 91935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRANT, GLENN E  
Address: 2910 70TH STREET SW  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: ASPELL, CATHERINE A  
Address: 19250 GREEN LAKES LP  
City-St-Zip: BEND, OR 97702

Title: T ( ) Change (X) Addition  
Name: EIMANS, LAURALYN J  
Address: 828 N 5TH AVE  
City-St-Zip: COVINA, CA 91723

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE A. ASPELL

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date