


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90238 023 \*\*\*150.00

<b>DOCUMENT # P00000009779</b> 1. Entity Name <b>OMNI SERVICES, INC.</b>																																																																																																																																																																																			
Principal Place of Business <b>2020 WEST BEARSS AVENUE TAMPA, FL 33618</b>			Mailing Address <b>16528 N DALE MABRY HWY TAMPA, FL 33618</b>																																																																																																																																																																																
2. Principal Place of Business <b>13014 N. DALE MABRY HWY</b>		3. Mailing Address <b>SUITE 124</b>																																																																																																																																																																																	
Suite, Apt. #, etc. <b>SUITE 124</b>		Suite, Apt. #, etc. <b>SUITE 124</b>																																																																																																																																																																																	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>65-0989036</b>																																																																																																																																																																															
Zip <b>33618</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																																															
6. Name and Address of Current Registered Agent <b>CULLIGAN, TAMMIE 2020 WEST BEARSS AVENUE TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name <b>WALTER S. SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. DALE MABRY HWY</b> City <b>TAMPA</b> FL <b>33618</b>																																																																																																																																																																															
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: <i>Walter Sanders</i> <i>Walter Sanders</i> <b>5-9-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <i>Tammie Culligan</i> <i>Tammie Culligan</i> <b>5-9-2006</b> <b>813-961-0094</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																			

ATTACHMENT

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

40090628

May 9, 2006

State of Florida  
Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Omni Services, Inc.  
Doc. No. P00000009779  
FEI # 650989036

Dear Sir or Madam:

Enclosed please find the 2006 for Profit Corporation Annual Report and a check in the amount of \$150.00 for the filing fee for the corporation referenced above. After reviewing our files recently, it was discovered that the original corporation renewal advice mailed from your office was never received at the corporation address. Therefore, the website form was completed and provided herein. Due to circumstances beyond our control, please waive any and all penalties which may apply. Your kind consideration is appreciated.

If you require any further information regarding this specific matter, please feel free to contact this office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw