2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000016800

1. Entity Name



FILED Apr 23, 2007 8:00 am Secretary of State

	OME BUILDERS, INC.		9 04-23-2007 90044 040 ***150.00						
Principal Place of Business 3195 WHITLEY LANE PACE, FL 32571		Mailing Address 3195 WHITLEY LANE PACE, FL 32571	3195 WHITLEY LANE						
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007	Chg-P	CR2E034	4 (12/06)		
City & State		City & State		4. FEI Numbe 59-3636	umber Applied For Not Applicable			<u></u>	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$	8.75 Add ee Required	itional	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and	Address of New R	egistered Ag	jent		
TAYLOR, PHILIP G 3195 WHITLEY LANE				Street Address (P.O. Box Number is Not Acceptable)					
PACE, FL 32571									
			City			FL	Zip Code		
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 				istered agent, or both	h, in the State of Flo		miliar with,	and accept	
SIGNATURE.	, ,								
0.014.10.122	Signature, typed or printed name of registered ag	ent and title 4 applicable. (NOTE: F	Registered Agent signature re	quired when reinstating)	***************************************	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			n Financing oution.	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/	CHANGES TO OFF				
TITLE NAME STREET ADDRESS	D TAYLOR, PHILIP G 3195 WHITLEY LANE	☐ Delete	TITLE NAME				Change	Addition	
CITY-ST-ZIP	PACE, FL 32571		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP TITLE	PACE, FL 32571 D	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition	
CITY-ST-ZIP	PACE, FL 32571 D TAYLOR, RENEE 3195 WHITLEY LANE	☐ Delete	STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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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: