


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000050044  
 1. Entity Name  
 OMNI REALTY GROUP OF S.W. FLORIDA, INC.



Principal Place of Business  
 16050 S. TAMiami TRAIL, STE 101  
 FT. MYERS, FL 33908

Mailing Address  
 16050 S. TAMiami TRAIL, STE 101  
 FT. MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1010368

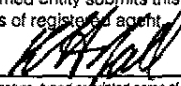
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 NULL, WILLIAM H.  
 3717 LIBERTY SQUARE  
 FT. MYERS, FL 33908

**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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees


U00000299130  
 04/11/05-80094-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NULL, JANET
STREET ADDRESS	3717 LIBERTY SQUARE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	V
NAME	COMPARETTO, SALVADORE
STREET ADDRESS	1248 MORNINGSIDE DR.
CITY-ST-ZIP	FT. MYER, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR