

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90155 008 ***150.00

DOCUMENT # P00000109142



1. Entity Name
OMEGA GARAGE DOORS OF MID FLORIDA, INC.

Principal Place of Business
7751 INDUSTRIAL ST.
WEST MELBOURNE, FL 32904

Mailing Address

7751 INDUSTRIAL ST.
WEST MELBOURNE, FL 32904

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number 59-3680489	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

WRIGHT, DUANE
7751 INDUSTRIAL ST.
WEST MELBOURNE, FL 32904

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

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WRIGHT, DUANE
STREET ADDRESS 7751 INDUSTRIAL ST.
CITY-ST-ZIP WEST MELBOURNE, FL 32904

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE D
NAME WRIGHT, DARRELL
STREET ADDRESS 7751 INDUSTRIAL ST.
CITY-ST-ZIP WEST MELBOURNE, FL 32904

Delete

TITLE D
NAME WRIGHT, DARRELL
STREET ADDRESS 7751 INDUSTRIAL ST.
CITY-ST-ZIP WEST MELBOURNE, FL 32904

Delete

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Delete

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: Duane K Wright President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

321-724-1593

Date

Daytime Phone #

50024273

