

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000016933

1. Entity Name  
ELDORADO OMEGA, INC.



Principal Place of Business  
3893 STARRATT ROAD  
JACKSONVILLE, FL 32226

Mailing Address  
P.O BOX 77207  
JACKSONVILLE, FL 32226



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3705613  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WATSON, PATRICIA T  
3893 STARRATT ROAD  
JACKSONVILLE, FL 32226

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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

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 \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
THOMPSON, RUSTON G  
3893 STARRATT ROAD  
JACKSONVILLE, FL 32226

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
THOMPSON, RUSTON G JR.  
P.O BOX 1033  
WATERFORD, CT 06385

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GRAY, MISTIE M  
11272 AVERY DRIVE  
JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATSON, PATRICIA T  
3893 STARRATT ROAD  
JACKSONVILLE, FL 32226

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000301644  
04/13/05-80041-006 150.00

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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)(f), 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:

*Patricia Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA WATSON

4/10/05 (904)757-6508

Date

Daytime Phone #