


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000016933</b>	
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
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01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3705613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  WATSON, PATRICIA T 3893 STARRATT ROAD JACKSONVILLE, FL 32226
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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02/20/07-80034-002 150.00

**DO NOT WRITE  
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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: *Austin G Thompson P*

*2/5/07*

*(904) 616 7364*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #