2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P01000019047** 04-21-2005 90246 018 ***150.00 1. Entity Name OMEGA REALTY & DEVELOPMENT CO. Principal Place of Susiness Mailing Address 40004300 1060 KEENE RD 1060 KEENE RD DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3701142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENTREKEN, T EDWARD Street Address (P.O. Box Number is Not Acceptable) 1060 KEENE RD DUNEDIN, FL 34698 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PCEO TITLE ☐ Delete TITLE Change ☐ Addition NAME TOULOUMIS, WILLIAM E NAME Touloumis, William E 1060 KEENE RD 1060 Keene Road Dunedin, FL 34698S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition **TOULOUMIS, GEORGE E** NAME NAME STREET ADDRESS 1060 KEENE RD STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP SCOO DVS Delete TITLE TITLE Change ☐ Addition ENTREKEN, T EDWARD Entreken, T Edward NAME NAME 1060 Keene Road Dunedin, FL 34698 STREET ADDRESS 1060 KEENE RD STREET ADORESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-7IP ☐ Delete TITLE ☐ Chance Addition TITLE NAME SIANDRIS, ANESTI NAME 1060 KEENE RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KRONE, NORMAN B NAME NAME 1060 KEENE RD STREET ADDRESS STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change **X** Addition TITLE NAME Padavich Marie NAME STREET ADDRESS STREET ADORESS 1060 Keene Road

CITY-ST-ZIP

12. Thereby 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.

Dunedin, FL 34698

4/19/05

727-738-5922

Daytime Phone #

CITY-ST-ZIP

SIGNATURE:

FILED

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2005	FOR PROFI	T CORPORA	TIO	N ,	ATT	ACHM	ENT Page	e 2 of	<u>2</u> ,	F I
ANNUAL REPORT DOCUMENT # P01000019047										
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Principal Place of Business Malling Address								~~~	_	
1060 KEENE RD DUNEDIN, FL 34698		1060 KEENE RD DUNEDIN, FL 34698				4	0664	783	<u> </u>	
2. Principal Place of Bus	siness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State				4. FEI Number 59-3701			_ 	plied For Applicable
Zip	Country	Zip	try		5. Certificate o	of Status Desired		8.75 Addi		
6. Name and Address of Current Registered Agent						7. Name and /	Address of New R	egistered A	gent	
ENTREKEN, T EDWARD 1060 KEENE RD				Name Street Address (P.O. Box Number is Not Acceptable)						
DUNEDIN, FL 34698										
				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.										
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Signature, typ	ed or printed name of registered agen	and title if applicable. (NO:	E: Registere	d Agent signatu	ire required	when reinstating)		DATE		
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SIGNATURE: 10100 F 1011000 4/19/05 727-738-5922										