

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90034 030 ***158.75

DOCUMENT # P01000062004

1. Entity Name
OMI SERVICES, INC.



Principal Place of Business Mailing Address
211 N. MARY ELLA AVE. 6530 E Hwy 211 N. MARY ELLA AVE. 6530 E Hwy
PANAMA CITY, FL 32404 PANAMA CITY, FL 32404

94030065



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3732775** Applied For
Not Applicable

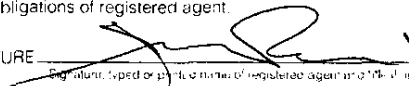
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLAIR, JOEY
219 N. MARY ELLA AVE.
PANAMA CITY, FL 32404

**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  **3-11-04**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLAIR, JOEY
STREET ADDRESS	219 N. MARY ELLA AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	VD
NAME	BLAIR, JEREMY
STREET ADDRESS	219 N. MARY ELLA AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	PD
NAME	Jeramiah Blair, Jeremy
STREET ADDRESS	219 N. Mary Ella Ave
CITY-ST-ZIP	Panama City, FL 32404
TITLE	VP
NAME	Blair, Joey
STREET ADDRESS	219 N. Mary Ella Ave
CITY-ST-ZIP	Panama City, FL 32404
TITLE	Exec SEC
NAME	Blair, Amanda
STREET ADDRESS	219 N. Mary Ella Ave
CITY-ST-ZIP	Panama City, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 **850-874-2215**
Date Daytime Phone #