


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90038 047 \*\*\*150.00

<b>DOCUMENT # P02000017139</b>	
1. Entity Name <b>OHMT, INC.</b>	

Principal Place of Business <b>4340 EDGEWATER DR. ORLANDO, FL 32804</b>	Mailing Address <b>4340 EDGEWATER DR. ORLANDO, FL 32804</b>
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**54019554**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3629105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HILLERMAN, ERIC 4340 EDGEWATER DR. ORLANDO, FL 32804</b>
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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, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Secretary TROTTER, GARY 1800 TAYLOR AVE. WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D President HILLERMAN, EARL 995 SHAFFER TRAIL OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Vice President MIXON, ACEY 500 NICOLE BLVD. OCOE, FL 34761</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Treasurer HILLERMAN, ERIC 10771 SATINWOOD CIR. ORLANDO, FL 32825</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:**  **Eric Hillerman, Treasurer** **3/16/2004** **407.420.2001**