

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017139

Entity Name: OHMT, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

4340 EDGEWATER DR.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4340 EDGEWATER DR.
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 04-3629105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLERMAN, ERIC
4340 EDGEWATER DR.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: TROTTER, GARY
Address: 1800 TAYLOR AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: DP () Delete
Name: HILLERMAN, EARL
Address: 995 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: MIXON, ACEY
Address: 500 NICOLE BLVD.
City-St-Zip: OCOEE, FL 34761

Title: DT (X) Delete
Name: HILLERMAN, ERIC
Address: 10771 SATINWOOD CIR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HILLERMAN, ERIC
Address: 460 CROFTON DRIVE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY TROTTER

DS

01/07/2005

Electronic Signature of Signing Officer or Director

Date