


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000098666</b> 1. Entity Name OMI OF ORANGE PARK, INC.	
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Principal Place of Business C/O OMI GROUP INC 2200 N COMMERCE PKWY #100 WESTON, FL 33326	Mailing Address C/O OMI GROUP INC 2200 N COMMERCE PKWY #100 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
05 APR 20 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0795981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DELGADO, MARIO R PA 2000 PONCE DE LEON BLVD #102 CORAL GABLES, FL 33134
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000052653430 04/28/05--01066--001 **7255.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ACOSTA, NELSON 2200 N COMMERCE PKWY #100 WESTON, FL 33326
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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:**  **4-1-5**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #