

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 021 ***150.00

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1. Entity Name
OMEGA REALTY MANAGEMENT GROUP, INC.



Principal Place of Business
**67 TRANQUALTY LN
DESTIN, FL 32541**

Mailing Address
**67 TRANQUALTY LN
DESTIN, FL 32541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number
01-0771963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELMICH, KEVIN M
1481 LEGENCARY DR STE 200
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Dan Curtis**

Street Address (P.O. Box Number is Not Acceptable)

67 TRANQUALTY LANE

City **DESTIN**

FL

Zip Code
32541

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 of Dan Curtis)

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CURTIS, DANNY L**
STREET ADDRESS **67 TRANQUALTY LN**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete
NAME **FLOYD, WILLIAM J**
STREET ADDRESS **4915 FOUR OAKS CT**
CITY-ST-ZIP **ATLANTA, GA 30360**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-21-06

(850) 654-7330

Date

Daytime Phone #