

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90089 013 ***150.00

DOCUMENT # P03000028514

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



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CURTIS
GURRACK, DAN
67 TRANQUALTY LN
DESTIN, FL 32541

**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] DAN GURRACK 4/30/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	CURTIS, DANNY L
STREET ADDRESS	67 TRANQUALTY LN
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	FLOYD, WILLIAM J
STREET ADDRESS	4915 FOUR OAKS CT
CITY-ST-ZIP	ATLANTA, GA 30360
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

4/30/07 (850) 654-7330
Date Daytime Phone #