

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90189 043 \*\*\*150.00

DOCUMENT # P03000041004

1. Entity Name

N O S ENTITIES, INC



Principal Place of Business  
4411 N W 18TH PLACE  
GAINESVILLE FL 32605  
US

Mailing Address  
4411 N W 18TH PLACE  
GAINESVILLE FL 32605  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3245045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OEHMIG, EDWARD W  
4411 N W 18TH PLACE  
GAINESVILLE FL 32605

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SMGR ☐ Delete  
NAME OEHMIG, EDWARD W  
STREET ADDRESS 4411 N W 18TH PLACE  
CITY - ST - ZIP GAINESVILLE FL 32605

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

TITLE PCOO ☐ Delete  
NAME SMILEY, NANCY O  
STREET ADDRESS PO BOX 453  
CITY - ST - ZIP ARCHER FL 32618

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

TITLE V ☒ Delete  
NAME OEIYMIA, CAROLYN M  
STREET ADDRESS 4411 N.W. 18TH PL  
CITY - ST - ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☒ Addition  
NAME OEHMIG, CAROLYN M.  
STREET ADDRESS 4411 N.W. 18TH PLACE  
CITY - ST - ZIP GAINESVILLE, FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 Section 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: *Edward W. Ohmig* EDWARD W. OEHMIG

Date

Daytime Phone #

3/26/07. 352-377-3722

N.O.S. ENTITIES, INC.