2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P04000026348

Entity Name: DELTA OMEGA PROPERTIES, INC.

Current Principal Place of Business:

3454 SW CR 242
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

3454 SW CR 242
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 20-0832353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITHEY, JAMES R
3454 SW CR 242
LAKE CITY, FL 32024 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: D ( ) Delete
Name: SMITHEY, JAMES R
Address: 3454 SW CR 242
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: SMITHEY, BRYAN B
Address: 1490 NW BROWN RD
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: SMITHEY, CAROL A
Address: 361 SW CROSS POINTE CT
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: LYNCH, ETHELIND F
Address: 318 SW CANNON CREEK DR
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROL ANN SMITHEY D 04/23/2008

Electronic Signature of Signing Officer or Director Date