

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000072220

1. Entity Name
OMICRON SYSTEMS, INC.



Principal Place of Business
**5708 SANDPIPERS DR.
LAKELAND, FL 33809**

Mailing Address
**5708 SANDPIPERS DR.
LAKELAND, FL 33809**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0430911

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**CUNNIFF, THOMAS B
5708 SANDPIPERS DR.
LAKELAND, FL 33809**

**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

**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	PD
NAME	CUNNIFF, THOMAS B
STREET ADDRESS	5708 SANDPIPERS DR.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VTD
NAME	CUNNIFF, JACQUELINE R
STREET ADDRESS	5708 SANDPIPERS DR.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	SD
NAME	CUNNIFF, ELLEN P
STREET ADDRESS	5708 SANDPIPERS DR.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80038-020 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline R. Cuniff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline R. Cuniff 1/16/06
Date Daytime Phone #

863-876-124