

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073709

FILED  
May 07, 2010  
Secretary of State

Entity Name: OMNI SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

14624 WISHING WIND WAY  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560474  
MONTVERDE, FL 34756

**New Mailing Address:**

FEI Number: 20-1125799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARRIEFF, MICHELE M  
14624 WISHING WIND WAY  
CLERMONT, FL 34711 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHARRIEFF, MICHELE M  
Address: 14624 WISHING WIND WAY  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: SHARRIEFF, OMAR J  
Address: 14624 WISHING WIND WAY  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: THOMAS, ALTHEA M  
Address: 1336 WESTON WOODS BLVD  
City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: MICHELE SHARRIEFF

P

05/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date