

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-16-2005 90205 005 ***558.75

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FILED

05 JUN -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000103505					
1. Entity Name OMNIA PROFESSIONAL LIABILITY RESEARCH CORPORATION					
Principal Place of Business 3435 BAYSHORE BLVD., APT. 1500 TAMPA, FL 33629			Mailing Address 3435 BAYSHORE BLVD., APT. 1500 TAMPA, FL 33629		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1483166	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RIEF, FRANK J III 442 WEST KENNEDY BLVD., STE. 340 TAMPA, FL 33606				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CASWELL, JOHN B		NAME		
STREET ADDRESS	3435 BAYSHORE BLVD., APT. 1500		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33629		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CASWELL, HEATHER L		NAME		
STREET ADDRESS	3435 BAYSHORE BLVD., APT. 1500		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33629		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John B Caswell</u> 05/03/05 813-230-7575					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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Zip Code

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