

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138914

1. Entity Name
OMNI LEGAL DISCOVERY SERVICES, INC.



FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 007 ***150.00

Principal Place of Business
1322 ENCLAVE DR.
ROCKLEDGE, FL 32955

Mailing Address
P. O. BOX 561094
ROCKLEDGE, FL 32956



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08152005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1712426

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

WINDOM, JOHN K
1322 ENCLAVE DR.
ROCKLEDGE, FL 32955

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.

JOHN WINDOM - OWNER

(NOTE: Registered Agent signature required when reinstating)

8-18-05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WINDOM, JOHN K
STREET ADDRESS 1322 ENCLAVE DR.
CITY-ST-ZIP ROCKLEDGE, FL 32955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. WINDOM

8-18-05

Date

321-631-3587

Daytime Phone #