

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90043 032 ***150.00

DOCUMENT # P06000116654					
1. Entity Name OMNI KLEEN GROUP, INC.					
Principal Place of Business 3011 N STEWART STREET KISSIMMEE, FL 34746			Mailing Address 7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 2311 WEST CLAY STREET		3. Mailing Address 2311 WEST CLAY STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE		City & State KISSIMMEE		4. FEI Number 20-5524963	
Zip 34741		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, TRACY 3011 N STEWART STREET KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent		
Name			MR DON SMIT		
Street Address (P.O. Box Number is Not Acceptable)			20 4TH STREET SW		
City			WINTER HAVEN		FL
Zip			33880		
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 DATE 2/27/08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, KEVYN 411 OAKPOINT CIRCLE DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LLOYD, GARETH 411 OAKPOINT CIRCLE DAVENPORT, FL 33837	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, TRACY 3011 N STEWART STREET KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			02-18-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			407-574-8539		