


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 009 ***158.75

| | |
|---|---|
| DOCUMENT # P08618 1. Entity Name OMNIA CUM DEO CORP. |  |
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|--|---|
| Principal Place of Business 2100 STATE ROAD 540 WEST WINTER HAVEN, FL 33880-1768 | Mailing Address 1745 FOREST DR INVERNESS, FL 34453 US |
|--|---|



01072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 41-1533041 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

~~CLARK, TRAVIS~~ *ELLIS, MARY*
1745 FOREST DR
INVERNESS, FL 34453

**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 *Mary Ellis*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan 22, 2008
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | SD |
| NAME | BRIXIUS, S. |
| STREET ADDRESS | 21720 FAIRVIEW |
| CITY - ST - ZIP | GREENWOOD, MN 55331 |

| | |
|-----------------|---------------------|
| TITLE | PD |
| NAME | BRIXIUS, FRANK J. |
| STREET ADDRESS | 21720 FAIRVIEW |
| CITY - ST - ZIP | GREENWOOD, MN 55321 |

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ellis* *Mary Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2008
Date

352-726-5466
Daytime Phone #