2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P14934

1. Entity Name
OMNI FREIGHT BROKERS, INC.

Principal Place of Business	Mailing Address
2212 PARK PLACE P.O. BOX 1674 PONTE VEDRA BEACH, FL 32004	2212 PARK PLACE P.O. BOX 1674 PONTE VEDRA BEACH, FL 32004

DO NOT WRITE IN THIS SPACE

02072004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1529733

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, RONALD C.
2212 PARK PLACE
PONTE VEDRA BEACH, FL 32082

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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
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, 2004 Fee will be $550.00

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

000000104381
04/06/04-80008-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCHMIDT, RONALD C.
STREET ADDRESS	2212 PARK PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	VD
NAME	DEMPSEY, G. WAYNE
STREET ADDRESS	4391 AUTMN RIVER RD.E
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	YOUNG, ANTHONY E.
STREET ADDRESS	100 E HURON ST., UNIT # 2204
CITY-ST-ZIP	CHICAGO, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/12/04 904-285-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #