

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90051 022 \*\*\*150.00

**DOCUMENT # P94000068475**

1. Entity Name  
**OMEGA RENTALS, INC.**



Principal Place of Business  
**1620 MAIN STREET  
STE 9  
SARASOTA, FL 34236 US**

Mailing Address  
**46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0521971</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	DPST
NAME	DEFELICE, L. MARTIN JR
STREET ADDRESS	P. O. BOX 489
CITY-ST-ZIP	SARASOTA, FL 342300489

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 941.366.0308  
Date Daytime Phone #