

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059678

FILED
Apr 29, 2004
Secretary of State

Entity Name: OMNI DISTRIBUTION, INC.

Current Principal Place of Business:

1605 MAIN STREET STE 1001
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1605 MAIN STREET STE 1001
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0696586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET STE 1001
SARASOTA, FL 34236

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZBIEGIEN, EDWARD J JR
Address: 1301 14TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: DVP () Delete
Name: ZBIEGIEN, JENNIFER J
Address: 1301 14TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: TESTEN, EDNA
Address: 1301 14TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: DST () Delete
Name: ZBIEGIEN, TERRI
Address: 1301 14TH ST W
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI ZBIEGIEN

DST

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date