


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90024 013 ***150.00

DOCUMENT # P97000013088	
1. Entity Name OM FOOD & BEVERAGE SERVICE, INC.	

Principal Place of Business 1594 SEMINOLE RUN RD OSTEEN, FL 32764	Mailing Address 1594 SEMINOLE RUN RD OSTEEN, FL 32764
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2. Principal Place of Business - No P.O. Box # 720 PELL RD.	3. Mailing Address 720 PELL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OSTEEN FLA	City & State OSTEEN, FL
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Zip 32764	Country USA	Zip 32764	Country USA
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6. Name and Address of Current Registered Agent COMBS, STEVE 1594 SEMINOLE RUN RD OSTEEN, FL 32764	
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40044000



03212007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3425242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Stephen E. Combs</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COMBS, STEVE 1594 SEMINOLE RUN RD OSTEEN, FL 32764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 PELL RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COMBS, JYOTIBALA D 1594 SEMINOLE RUN RD OSTEEN, FL 32764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 PELL RD
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
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
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
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

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: <i>Stephen E. Combs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/27/07 Daytime Phone # 407-758-0973