

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000036362

1. Entity Name

OMEGA MANAGEMENT CORPORATION



Principal Place of Business

1218 WAHNSH WAY
TALLAHASSEE, FL 32310

Mailing Address

P.O. BOX 7014
TALLAHASSEE, FL 32314

FILED

04 JUL 23 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07132004

No Chg-P

CR2E034 (10/03)

MRD

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3452284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CORNELIUS D JR
711 FLORAL ST.
TALLAHASSEE, FL 32310

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, CORNELIUS D JR
STREET ADDRESS	P.O. BOX 7014
CITY-ST-ZIP	TALLAHASSEE, FL 32314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

800039535128
07/26/04--01067--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-04 (850) 510-4457