

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90045 036 ***187.75

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1. Entity Name
OMEC, INC.



Principal Place of Business
**3663 COUNTRY PLACE BLVD.
SARASOTA, FL 34233**

Mailing Address
**3663 COUNTRY PLACE BLVD.
SARASOTA, FL 34233**

40002110



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0748734

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHEJDA, OSKAR
3663 COUNTRY PLACE BLVD.
SARASOTA, FL 34233**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MICHEJDA, OSKAR
3663 COUNTRY PLACE BLVD.
SARASOTA, FL 34233**

TITLE
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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: *Oskar Michejda* **Oskar Michejda** 1/6/06 (941) 921 3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #