

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061619

Entity Name: OMSYS SERVICES, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 8
JACKSONVILLE, FL 32225

Current Mailing Address:

1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 8
JACKSONVILLE, FL 32225

New Principal Place of Business:

1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 103
JACKSONVILLE, FL 32225

New Mailing Address:

1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 103
JACKSONVILLE, FL 32225

FEI Number: 59-3516720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICKEL, ODAY
1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 8
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MICKEL, ODAY
1309 ST. JOHN'S BLUFF ROAD NORTH
SUITE 103
JACKSONVILLE, FL 32225 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICKEL, ODAY
Address: 1309 ST. JOHN'S BLUFF RD. N., #8
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/S () Delete
Name: MICKEL, MARY T
Address: 1309 ST. JOHN'S BLUFF RD. N., #8
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: MICKEL, ODAY DAMON
Address: 1309 ST. JOHN'S BLUFF RD. N., #8
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICKEL, ODAY
Address: 1309 ST. JOHN'S BLUFF RD. N., #103
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/S (X) Change () Addition
Name: MICKEL, MARY T
Address: 1309 ST. JOHN'S BLUFF RD. N., #103
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change () Addition
Name: MICKEL, ODAY DAMON
Address: 1309 ST. JOHN'S BLUFF RD. N., #103
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ODAY MICKEL

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date