

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061619

Entity Name: OMSYS SERVICES, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

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

## New Mailing Address:

1309 ST. JOHN'S BLUFF ROAD NORTH  
SUITE 8  
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 103  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

MICKEL, ODAY  
1309 ST. JOHN'S BLUFF ROAD NORTH  
SUITE 8  
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:

04/30/2008

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., #103  
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: S ( ) Delete  
Name: MICKEL, ODAY DAMON  
Address: 1309 ST. JOHN'S BLUFF RD. N., #103  
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., #8  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date