

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088396

Entity Name: OMNI FINANCIAL, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

103 CENTURY 21 DRIVE
SUITE 101
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40024
JACKSONVILLE, FL 322030024 US

New Mailing Address:

FEI Number: 59-3481571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSWELL, WAYNE W
11864 HIDDEN HILLS DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARSWELL, WAYNE W
Address: 11864 HIDDEN HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CARSWELL, ADDIE D
Address: 11864 HIDDEN HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WILLIAMS, CURTIS JR.
Address: 7601 JOHN F. KENNEDY DRIVE, W.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: WRIGHT, LEANDRE D
Address: 11864 HIDDEN HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FREEMAN, CHARLES D
Address: 2456 ELLINGTON AVE.
City-St-Zip: JACKSONVILLE, FL 32209

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: WAYNE W. CARSWELL

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date