

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 031 ***150.00

DOCUMENT # P98000069551

1. Entity Name

OMEGA ARCHITECTURAL PRODUCTIONS INC.



Principal Place of Business

100 AVE. A., STE. 2E
FT. PIERCE, FL 34950

Mailing Address

100 AVE. A., STE. 2E
FT. PIERCE, FL 34950

54069920



08112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2450676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVELAND, DAVID M
100 AVE. A., STE. 2E
FT. PIERCE, FL 34950

**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
NAME PDMD
CLEVELAND, DAVID M
STREET ADDRESS 100 AVE. A., STE. 2E
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE
NAME VPD
GERLEY, VICTOR
STREET ADDRESS 3190 N.E. MAPLE AVE.
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE
NAME T
CLEVELAND, DAVID M
STREET ADDRESS 100 AVE. A., STE. 2E
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE
NAME ~~VPD~~
~~RIEDE, FRED~~
STREET ADDRESS ~~010 PANTHER TRACE~~
CITY-ST-ZIP ~~PORT SAINT LUCIE, FL 34950~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *David M. Cleveland* **DAVID M. CLEVELAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

81904

Date

772-444-200

Daytime Phone #