

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Sep 05, 2008 08:00 AM
Secretary of State



09022008 No Chg-P CR2E034 (11/05)

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)

000000959080
09/05/08-80001-010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: David M. Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9205 772464-2010
Date Daytime Phone #