

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000072548

1. Entity Name
OMEGA BUSINESS SOLUTIONS, INC.



Principal Place of Business
229 AVE "K" SE
WINTER HAVEN, FL 33880

Mailing Address
P O BOX 1821
WINTER HAVEN, FL 33882 US



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3537052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAN, JOHN W
229 AVE "K" S E
WINTER HAVEN, FL 33880

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAL, MARVIN R
STREET ADDRESS 229 AVE "K" SE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE VD
NAME BOYD, WILLIAM A
STREET ADDRESS 4601 REYNOSA DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE STD
NAME DIAL, JOHN W
STREET ADDRESS 17 EAST LAKE DRIVE
CITY-ST-ZIP HAINES CITY, FL 33844

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**

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02/27/04-80043-003 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

863-299-3544

Daytime Phone #