

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90271 003 ***150.00

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**

14010398



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **BOYD, William A**
CITY-ST-ZIP **202 LAKE HOWARD DR. S.W.**
Winter HAVEN, FL 33880

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

TITLE ☒ Change ☐ Addition
NAME **STD**
STREET ADDRESS **DIAL, John W**
CITY-ST-ZIP **142 Wymodham DR.**
Winter HAVEN FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-21-05

863-299-0872

Date

Daytime Phone #