

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000057016



1. Entity Name

ALPHA-OMEGA-COMPUTERS, INC.

Principal Place of Business

109 TEQUESTA HARBOR
MERRITT ISLAND FL 32952

Mailing Address

109 TEQUESTA HARBOR
MERRITT ISLAND FL 32952



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-3583164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUCAS, RAY E
109 TEQUESTA HARBOR
MERRITT ISLAND FL 32952

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: LUCAS, RAY E
STREET ADDRESS: 109 TEQUESTA HARBOR
CITY-STATE-ZIP: MERRITT ISLAND FL 32952

TITLE: D ☐ Delete
NAME: DIAKAKIS, JULIA
STREET ADDRESS: 594 LAKE VICTORIA CIR
CITY-STATE-ZIP: MELBOURNE FL 32940

TITLE: D ☐ Delete
NAME: DIAKAKIS, DIONYSIOS
STREET ADDRESS: 594 LAKE VICTORIA CIR
CITY-STATE-ZIP: MELBOURNE FL 32940

TITLE: D ☐ Delete
NAME: SCOTT, BARBER
STREET ADDRESS: 2811 KINGDOM AVE.
CITY-STATE-ZIP: MELBOURNE FL 32934

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000599404
CITY-STATE-ZIP: 01/25/07-80026-024 158.75

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ray E. Lucas (RAY E. LUCAS) 19 JAN 07 (321) 453-7165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone