

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3583164**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUCAS, RAY E  
109 TEQUESTA HARBOR  
MERRITT ISLAND, FL 32952**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LUCAS, RAY E
STREET ADDRESS	109 TEQUESTA HARBOR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	DIAKAKIS, JULIA
STREET ADDRESS	594 LAKE VICTORIA CIR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	DIAKAKIS, DIONYSSIOS
STREET ADDRESS	594 LAKE VICTORIA CIR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	SCOTT, BARBER
STREET ADDRESS	2811 KINGDOM AVE.
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80049-012 158.75

**DO NOT WRITE  
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: Ray E. Lucas **RAY E. LUCAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 15, 2008 (321) 453-7165**

Date

Daytime Phone