

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # V54151

1. Entity Name
OMNI COMPUTER CONSULTING, INC.



Principal Place of Business
2120 CORPORATE SQUARE BLVD.
SUITE 14
JACKSONVILLE, FL 32216 US

Mailing Address
P.O. BOX 15063
JACKSONVILLE, FL 32239



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3136051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLAR, ALBERT S. C.
4206 HERSCHEL ST.
JACKSONVILLE, FL 32210

**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	P
NAME	GOULD, MICHAEL
STREET ADDRESS	2919 TRENTON CT
CITY-STATE-ZIP	ORANGE PARK, FL 32065
TITLE	V
NAME	MOORE, BILL
STREET ADDRESS	8216 PARKRIDGE CIR N
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	GOULD, ANDREA
STREET ADDRESS	2919 TRENTON CT
CITY-STATE-ZIP	ORANGE PARK, FL 32065
TITLE	T
NAME	MOORE, GINA
STREET ADDRESS	8216 PARKRIDGE CIR N
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/27/04-80098-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-23-04