


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90188 043 \*\*\*150.00

<b>DOCUMENT # V54151</b> 1. Entity Name <b>OMNI COMPUTER CONSULTING, INC.</b>					
Principal Place of Business <b>2120 CORPORATE SQUARE BLVD. SUITE 14 JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>P.O. BOX 15063 JACKSONVILLE, FL 32239</b>		
2. Principal Place of Business <b>2919 Trenton Ct</b> Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State <b>ORANGE PARK FL</b>			City & State  		
Zip <b>32065</b>		Country <b>USA</b>		4. FEI Number <b>59-3136051</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MILLAR, ALBERT S. C. 4206 HERSCHEL ST. JACKSONVILLE, FL 32210</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOULD, MICHAEL</b> <b>2919 TRENTON CT</b> <b>ORANGE PARK, FL 32065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MOORE, BILL</b> <b>8216 PARKRIDGE CIR N</b> <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOULD, ANDLEA</b> <b>2919 TRENTON CT</b> <b>ORANGE PARK, FL 32065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MOORE, GINA</b> <b>8216 PARKRIDGE CIR N.</b> <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 authority empowered.					
<b>SIGNATURE:</b> <u>Bill D. Moore</u> <b>Bill D. Moore</b> <b>4-26-05</b> <b>904-272-2660</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50048525**



04272005 Chg-P CR2E034 (10/03)