

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V54151

1. Entity Name
OMNI COMPUTER CONSULTING, INC.



Principal Place of Business
**2919 TRENTON CT
ORANGE PARK, FL 32065 US**

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



04192006 No Chg-P CR2E034 (11/05)

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-ST-ZIP ORANGE PARK, FL 32065

TITLE V
NAME MOORE, BILL
STREET ADDRESS 8216 PARKRIDGE CIR N
CITY-ST-ZIP JACKSONVILLE, FL

TITLE S
NAME GOULD, ANDREA
STREET ADDRESS 2919 TRENTON CT
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE T
NAME MOORE, GINA
STREET ADDRESS 8216 PARKRIDGE CIR N
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000528536
05/05/06-80042-007 150.00

**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 807, 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:

Bill D. Moore II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06
Date

904-334-8994
Daytime Phone #