


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000103421
 1. Entity Name
 MARK O'MEARA, INC.



Principal Place of Business IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND, OH 44114-1782	Mailing Address IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND, OH 44114-1782
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01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3550835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'MEARA, MARK 6312 DEACON CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'MEARA, ALICIA 6312 DEACON CIRCLE WINDERMERE, FL 34786
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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: Mark O'Meara Mark O'Meara, President (216)522-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #