## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 182196**

V Name: THE O'LEARY COMPANY

4519 COLUMBUS CIRCLE

JACKSONVILLE, FL 32210

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Nar	me: THE O'LE	ARY COMPANY			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	ISULAR PLAC VILLE, FL 322				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 29 JACKSON	909 VILLE, FL 322	032909 US			
FEI Number:	: 59-0729407	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent	: Name and Addres	Name and Address of New Registered Agent:	
725 PENIN	DANIEL C III ISULAR PLAC IVILLE, FL 322				
	named entity s of Florida.	submits this statement for t	he purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () O'LEARY, DANI 4333 SWEET G JACKSONVILLE	SUM LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () O'LEARY, BRIA 4317 GALILEO JACKSONVILLE	AVE	Address: 4317 G/	(X) Change()Addition Y, BRIAN P ALILEO AVE DNVILLE, FL 32210	
Title: Name: Address: City-St-Zip:	VDT () O'LEARY, DANI 1344 BELVEDE JACKSONVILLE	RE AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VDS () O'LEARY, ERIN	Delete K	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DANIEL C. O'LEARY, III C 01/16/2009