


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 046 \*\*\*150.00

**DOCUMENT # P06000036555**

1. Entity Name  
**RJ O'LEARY CO., INC.**



**40051355**



Principal Place of Business      Mailing Address  
**4401 GULF SHORE BOULEVARD NORTH**      **4401 GULF SHORE BOULEVARD NORTH**  
**APT. 1402**      **APT. 1402**  
**NAPLES, FL 34103**      **NAPLES, FL 34103**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01102007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-4320443**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**O'LEARY, ROBERT J**  
**4401 GULF SHORE BOULEVARD NORTH**  
**APT. 1402**  
**NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (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	PTD <input type="checkbox"/> Delete
NAME	O'LEARY, ROBERT J
STREET ADDRESS	4401 GULF SHORE BOULEVARD NORTH #1401
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VS <input type="checkbox"/> Delete
NAME	O'LEARY, MARY G
STREET ADDRESS	4401 GULF SHORE BOULEVARD NORTH #1402
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or without other like empowerments.

**SIGNATURE:** *RJ O'Leary*      \_\_\_\_\_  
 SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



Department of the Treasury  
Internal Revenue Service

P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

ATTACHMENT

40051355

~~#P06000030000~~

In reply refer to: 0134038743  
May 26, 2006 LTR 252C 0  
20-4320443 000000 00 000

03701

BODC: SB

RJ OLEARY CO INC  
% ROBERT J OLEARY  
4401 GULF SHORE BLVD N APT 1402  
NAPLES FL 34103-345525



018270

Taxpayer Identification Number: 20-4320443

Dear Taxpayer:

Thank you for the inquiry dated May 09, 2006.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

Iris Drucker  
Department Mgr. EIN 2

Enclosure(s):  
Copy of this letter