# I hereby 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 all other like empowered.

SIGNATURE: DANIEL C. O'LEARY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/04/2015

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 182196

Entity Name: THE O'LEARY COMPANY

#### Current Principal Place of Business:

208 N. LAURA STREET SUITE 600 JACKSONVILLE, FL 32202

#### **Current Mailing Address:**

PO BOX 2909 JACKSONVILLE, FL 32203-2909 US

## FEI Number: 59-0729407

#### Name and Address of Current Registered Agent:

O'LEARY, DANIEL C 208 N. LAURA STREET SUITE 600 JACKSONVILLE, FL 32202 US

PD

O'LEARY, DANIEL C

1722 EDGEWOOD AVENUE S

JACKSONVILLE FL 32205

FILED Mar 04, 2015 Secretary of State CC2689320148

Certificate of Status Desired: Yes

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.

## SIGNATURE:

Title

Name

Address City-State-Zip:

Electronic Signature of Registered Agent
Officer/Director Detail :

Title	VDS
Name	O'LEARY, ERIN K
Address	4519 COLUMBUS CIRCLE, #2
City-State-Zip:	JACKSONVILLE FL 32210

Date