2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 303657

1. Entity Name
P & J O'NEILL TRUCKING COMPANY, INC.

Principal Place of Business	Mailing Address
920-33RD ST SE	~~920-33RD ST SE~~ P.O. Box 292
RUSKIN, FL 33570	RUSKIN, FL ~~33570~~ 33575

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1165587	Not Applicable

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

6. Name and Address of Current Registered Agent

O NEILL, PATRICK D
920-33RD STREET SE
RUSKIN, FL 33570

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	O'NEILL, HELEN
STREET ADDRESS	6013 FAUNA LANE
CITY-ST-ZIP	APOLLO BCH, FL 33572
TITLE	VP
NAME	FERGUSON, SHARON
STREET ADDRESS	920 33RD ST. S.E.
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Helen O'Neill_   2-11-04   813-645-3334

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