

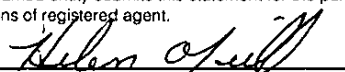
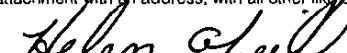


FILED
Feb 10, 2005 8:00 am
Secretary of State

30013603

DOCUMENT # 303657				02-10-2005 90062 028 ***150.00	
1. Entity Name P & J O'NEILL TRUCKING COMPANY, INC.					
Principal Place of Business 920-33RD ST SE RUSKIN, FL 33570		Mailing Address P.O. BOX 292 RUSKIN, FL 33575			
2. Principal Place of Business		3. Mailing Address P O Box 292			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005 Chg-P CR2E034 (10/03)	
City & State		City & State Ruskin, Fl 33575		4. FEI Number 59-1165587	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O NEILL,PATRICK D 920-33RD STREET SE RUSKIN, FL 33570				7. Name and Address of New Registered Agent	
				Name Helen O'Neill	
				Street Address (P.O. Box Number is Not Acceptable) 6013 Fauna Lane	
				City Apollo Beach FL 33572	
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 		President		2/3/05	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P O'NEILL, HELEN 6013 FAUNA LANE APOLLO BCH, FL 33572			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
VP FERGUSON, SHARON 920 33RD ST. S.E. RUSKIN, FL 33570			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		2/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				813-645-3334	
				Daytime Phone #	