

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90049 049 ***150.00

DOCUMENT # 519429 1. Entity Name JOHN P. O'GRADY, INC.					
Principal Place of Business 2809 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487-1829			Mailing Address 2809 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487-1829		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1715542	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKENSON, DAVID B. 980 N.FEDERAL HWY., STE.410 BOCA RATON, FL 33432			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 reconstituting) 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	PSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, JUNE A.		NAME		
STREET ADDRESS	2727 S OCEAN BLVD #602		STREET ADDRESS		
CITY- ST- ZIP	HIGHLAND BCH., FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, JUNE A.		NAME		
STREET ADDRESS	2727 S OCEAN BLVD #602		STREET ADDRESS		
CITY- ST- ZIP	HIGHLAND BCH., FL		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGAHAN, MARGARET MARY C		NAME		
STREET ADDRESS	3310 S OCEAN BLVD 125		STREET ADDRESS		
CITY- ST- ZIP	HIGHLAND BCH, FL		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICIA BLAKE PORTER		NAME		
STREET ADDRESS	3953 REDONDO WAY		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON, FL 33487		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMY MARIE BLAKE		NAME		
STREET ADDRESS	301 SE 6TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH, FL 33060		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____			4/11/05 561272424 Date: _____ Daytime Phone: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					