

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 014 ***150.00

DOCUMENT # 560643

1. Entity Name
CONAILL CORPORATION



Principal Place of Business

~~321 CROTON WAY~~ *610 Clematis St.*
WEST PALM BEACH, FL 33401 US

Mailing Address

P.O. BOX 3917
WEST PALM BEACH, FL 33402

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1800866

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, PHIL D JR.
321 CROTON WAY
WEST PALM BEACH, FL 33401

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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, 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 SD
NAME O'CONNELL, LINDA
STREET ADDRESS 321 CROTON WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PD
NAME O'CONNELL, PHIL D JR.
STREET ADDRESS 321 CROTON WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME O'CONNELL, PHIL D III
STREET ADDRESS 321 CROTON WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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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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 all other lines empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #