

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 050 ***150.00

DOCUMENT # 560643

1. Entity Name
CONAILL CORPORATION



Principal Place of Business
**610 CLEMATIS ST
WEST PALM BEACH, FL 33401 US**

Mailing Address
**P.O. BOX 3917
WEST PALM BEACH, FL 33402**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022008

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Patrick O'Connell**

Street Address (P.O. Box Number is Not Acceptable)

610 Clematis St.

City **West Palm Beach**

FL

Zip Code **33401**

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]

Patrick O'Connell president 2/5/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☒ Delete
NAME **O'CONNELL, LINDA**
STREET ADDRESS **321 CROTON WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Patrick O'Connell**
STREET ADDRESS **610 Clematis St.**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **E** ☐ Change ☒ Addition
NAME **Elissey O'Connell**
STREET ADDRESS **8081 Westlake Dr.**
CITY-ST-ZIP **Lake Clarke, FL 33406**

TITLE **S** ☐ Change ☒ Addition
NAME **Mary O'Connell**
STREET ADDRESS **397 Lake Arbor Pl.**
CITY-ST-ZIP **West Palm Beach, FL 33461**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without the empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 (561) 793-7723

Date

Daytime Phone #