## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 11, 2008 8:00 am **Secretary of State DOCUMENT #637465** 02-11-2008 90057 049 \*\*\*150.00 1. Entity Name O'HANRAHAN CONSULTANTS, INC. Principal Place of Business Mailing Address P.O. BOX 5301 6414 125TH AVE N LARGO, FL 33773 CLEARWATER, FL 33758 No Chg-P 01252008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1971249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - - 6.- Name and Address of Current Registered Agent O'HANRAHAN, EDWARD JR. DO NOT WRITE 6414 125TH AVE S LARGO, FL 33773 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PVDS** O'HANRAHAN, EDWARD JR. NAME STREET ADDRESS 6414 125TH AVE S. CITY-SI-ZIP LARGO, FL 33773 VP TITLE PISANO, SANDRA M NAME STREET ADDRESS 6414 125TH AVE S LARGO, FL 33773 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

FILED