

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 641483

1. Entity Name
ROBERT E. O'NEIL, P.A.



Principal Place of Business
**2929 E. COMMERCIAL BLVD., STE 702
FT LAUDERDALE, FL 33308**

Mailing Address
**2929 E. COMMERCIAL BLVD., STE 702
FT LAUDERDALE, FL 33308**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1954155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'NEIL, ROBERT E.
4900 N. OCEAN BLVD.
#1415
LAUDERDALE BY THE SEA, FL 33308**

**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEIL, ROBERT E
STREET ADDRESS	4900 N. OCEAN BLVD #1415
CITY- ST- ZIP	LAUDERDALE BY THE SEA, FL 33308

TITLE	PST
NAME	O'NEIL, ROBERT E
STREET ADDRESS	4900 N. OCEAN BLVD #1415
CITY- ST- ZIP	LAUDERDALE BY THE SEA, FL 33308

TITLE	
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CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

1100000134588
04/28/04-80025-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Robert E. O'Neil **ROBERT E. O'NEIL** 4/26/04 954-771-9501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #