

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 819656 | |
| 1. Entity Name GEORGE M. O'NEILL CORPORATION | |
| Principal Place of Business 821 GREENWOOD AVE. CARPENTERSVILLE, IL 60110 US | Mailing Address 1250 LARKIN AVE STE 100 ELGIN, IL 60123 US |



DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 36-2583732 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CTD O'NEILL, GEORGE M. 821 GREENWOOD AVENUE CARPENTERSVILLE, IL 60110 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS O'NEILL, PATRICIA 821 GREENWOOD AVENUE CARPENTERSVILLE, IL 60110 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD O'NEILL, FURMAN 821 GREENWOOD AVENUE CARPENTERSVILLE, IL 60110 |
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/05 877-426-8085