


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F05000000311					
1. Entity Name O'MEARA FERGUSON KEARNS, INC.					
Principal Place of Business 12010 SUNSET HILLS ROAD, SUITE 875 RESTON, VA 20190			Mailing Address 146 2ND STR. N., SUITE 310 ST. PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address 1001 3RD AVE W. STE. 359			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BRADENTON, FL			
Zip	Country	Zip	Country	4. FEI Number 65-1029845	
34205	USA	34205	USA	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRYE, JANET 146 2ND STREET N., SUITE 310 ST. PETERSBURG, FL 33701				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name JANET FRYE Street Address (P.O. Box Number is Not Acceptable) 1001 3RD AVE W. STE. 359 City BRADENTON FL 34205					
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, ROBERT W JR. 12010 SUNSET HILLS ROAD, SUITE 875 RESTON, VA 20190 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080091379 09/22/06--01048--015 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSIN, FRANK W 12010 SUNSET HILLS ROAD, SUITE 875 RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEARNS, J. PATRICK 12010 SUNSET HILLS ROAD, SUITE 875 RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MEARA, PATRICK D 146 2ND STREET N., SUITE 310 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.					
SIGNATURE: _____		7/31/06		(703) 689-4001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	