2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 10, 2005 08:00 AM Secretary of State DOCUMENT # F26453 O'NEAL AND O'NEAL ASSOCIATES, INC. Principal Place of Business Mailing Address 2265 LEE ROAD 2265 LEE ROAD **SUITE #103 SUITE #103** WINTER PARK, FL 32789 WINTER PARK, FL 32789 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2065245 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'NEAL, CURTIS DO NOT WRITE 2265 LEE ROAD **SUITE #103** IN THIS SPACE WINTER PARK, FL 32789 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME O'NEAL, CURTIS STREET ADDRESS 2265 LEE ROAD SUITE #103 CITY-ST-ZIP WINTER PARK, FL VPT TITLE 000000257651 03/10/05-80009-015 150.00 O'NEAL, WILMA NAME 2265 LEE ROAD SUITE 103 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CURTIS O'NEA

SIGNATURE AND TYPED OR PRINTED NAME O

3/3/05

DO NOT WRITE

IN THIS SPACE

407-645-3173

Daytims Phone #