


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 023 ***150.00

DOCUMENT # F26453 1. Entity Name O'NEAL AND O'NEAL ASSOCIATES, INC.					
Principal Place of Business 6155 LAKE LIZZIE DR SAINT CLOUD, FL 34771			Mailing Address 6155 LAKE LIZZIE DR SAINT CLOUD, FL 34771		
2. Principal Place of Business - No P.O. Box # 1024 BROWNING ROAD Suite, Apt. #, etc.		3. Mailing Address 1024 BROWNING ROAD Suite, Apt. #, etc.			
City & State AILEY, GA		City & State AILEY, GA		4. FEI Number 59-2065245	
Zip 30410		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEAL, CURTIS 6155 LAKE LIZZIE DR SAINT CLOUD, FL 34771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2265 LEE ROAD SUITE 205 City WINTER PARK FL Zip Code 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 <i>Curtis O'Neal</i> DATE <i>3/15/07</i> <small>Signature, typed or printed name of registered agent and officer or director, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	P O'NEAL, CURTIS 6155 LAKE LIZZIE DR SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1024 BROWNING ROAD AILEY, GA 30410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT O'NEAL, WILMA 6155 LAKE LIZZIE DR SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1024 BROWNING ROAD AILEY, GA 30410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Wilma O'Neal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SEC/TREAS. 3/15/07 912-594-6038 <small>Date Daytime Phone #</small>		