

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F47768

1. Entity Name
O'CONNOR DEVELOPMENT CORPORATION



Principal Place of Business

**1590 ISLAND LN
STE 28
ORANGE PARK, FL 32003 US**

Mailing Address

**1590 ISLAND LN
STE 28
ORANGE PARK, FL 32003 US**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2121814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN W
1590 ISLAND LN
STE 28
ORANGE PARK, FL 32003**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000705827
04/24/07-20008-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'CONNOR, JOHN W
STREET ADDRESS 1590 ISLAND LN., STE 28
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE VSTD
NAME DRIGGERS, DEBBIE, J
STREET ADDRESS 1590 ISLAND LN., STE 28
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. O'Connor Recs. 4/14/07 904/215-7575