

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F85243**

**1. Entity Name**

**JAMES J. O'HARE & ASSOCIATES, A ONE STOP  
WEDDING SERVICE, INC.**



**Principal Place of Business**

**6450 W. ATLANTIC BLVD.  
MARGATE FL 33063**

**Mailing Address**

**6450 W. ATLANTIC BLVD.  
MARGATE FL 33063**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-2218543**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'HARE, JAMES J.  
6450 W. ATLANTIC BLVD  
MARGATE FL 33063**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** O'HARE, JAMES J  
**STREET ADDRESS** 6450 W. ATLANTIC BLVD  
**CITY - ST - ZIP** MARGATE FL

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 000000223832  
**CITY - ST - ZIP** 02/10/05-80059-011 158.75

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:**

*James J. O'Hare*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-2005**

**754-972-0670**

Date

Daytime Phone #