2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H43248

1. Entity Name

O & Ó CONSTRUCTION CO., INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

5790 ESTELLE ST. JACKSONVILLE, FL 32205

Mailing Address

5790 ESTELLE ST. JACKSONVILLE, FL 32205



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2485990

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, EDGAR L 12762 SUNOWA SPRINGS TRL. BRYCEVILLE, FL 32009

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered a	agent, or both, in the State of Florida. I am familiar wi	th, and accept
the obligations of registered agent.	At	
	Nic 15 2	007

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstaling)

- 15, 2007

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0 9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000591416 01/19/07-80022-010 150.00

After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	
10	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEAL, EDGAR L. 12762 SUNDWA SPRINGS TRL BRYCEVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, CHARLES E. 1322 MCGRITS CREEK DR. W. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T O'NEAL, BARBARA E. 12762 SUNOWA SPRINGS TRL. BRYCEVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, LISA G. 1322 MCGRITS CREEK DR. W. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

EGGAR LUN

BE OF SIGNING OFFICER OR DIRECTOR

January 15

904-283-94

Daytime Phone #