

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 036 \*\*\*150.00

DOCUMENT # J55879

1. Entity Name  
 JAMES O'NEILL CONSTRUCTION, INC.



Principal Place of Business Mailing Address

115 NW HICKORY STREET 715 NW HICKORY STREET  
 SUITE 202 SUITE 202  
 WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904

40026315



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4490 Pinewood Road 4490 Pinewood Road

Suite, Apt. #, etc. Suite, Apt. #, etc.

02222007 Chg-P CR2E034 (12/06)

City & State City & State

Melbourne, Florida Melbourne, Florida

Zip Country Zip Country

32934 USA 32934 USA

4. FEI Number Applied For

59-2767359 Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEILL, JAMES A PRESIDE  
 2785 BERAN LN.  
 MALABAR, FL 32950

7. Name and Address of New Registered Agent

Name Kathryn D. O'Neill  
 Street Address (P.O. Box Number is Not Acceptable)  
 4490 Pinewood Road  
 City Melbourne FL Zip Code 32934

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 *Kathryn D. O'Neill* DATE 2/26/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES O'NEILL, JAMES A PRESIDE 2785 BERAN LN. MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(President, Secretary, Treasurer or Director) Kathryn D. O'Neill 4490 Pinewood Road, Melbourne, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kathryn D. O'Neill* Kathryn D. O'Neill, President DATE: 2/26/07 DAYTIME PHONE: 321-254-1667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #