

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90157 020 ***150.00

DOCUMENT # J58947

1. Entity Name
O'CONNELL'S MOUNTAIN HOME, INC.



Principal Place of Business Mailing Address
2200 N. PONCE DE LEON BLVD.
SUITE 10
ST AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box #
2825 Lewis Speedway
Suite, Apt. #, etc.
104
City & State
ST. AUGUSTINE, FL
Zip
32084 Country
US

3. Mailing Address
2825 Lewis Speedway
Suite, Apt. #, etc.
104
City & State
ST. AUGUSTINE, FL
Zip
32084 Country
US



04082008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2894646 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
O'CONNELL, W. H.
2200 N PONCE DE LEON BLVD
SUITE # 10
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
Name
W. SETH O'CONNELL
Street Address (P.O. Box Number is Not Acceptable)
2825 Lewis Speedway Suite 104
City
ST. AUGUSTINE FL Zip Code
32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM HENRY O'CONNELL	
STREET ADDRESS	1091 MINDELLO AVE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JO GIBSON O'CONNELL	
STREET ADDRESS	988 CATALINA RD.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. SETH O'CONNELL	
STREET ADDRESS	1091 MINDELLO DR	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date: **4-8-08** Daytime Phone #: **904-829-0082**