

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84778

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: DUPONT-O'NEIL & ASSOCIATES, LTD., INC.

## Current Principal Place of Business:

5970 SW 18TH STREET  
STE #329  
BOCA RATON, FL 33433

## New Principal Place of Business:

6090 ALOMA LANE  
BOCA RATON, FL 33433

## Current Mailing Address:

5970 SW 18TH STREET  
STE #329  
BOCA RATON, FL 33433

## New Mailing Address:

6090 ALOMA LANE  
BOCA RATON, FL 33433

FEI Number: 65-0003557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUPONT, LOUIS G.  
5970 SW 18TH STREET  
STE. #329  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

DUPONT, LOUIS G.  
6090 ALOMA LANE  
BOCA RATON, FL 33433 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DUPONT, LOUIS G.  
Address: 3108 CONGRESSIONAL WY  
City-St-Zip: DEERFIELD BCH, FL 33442

Title: SVD ( ) Delete  
Name: O'NEIL, TONI M  
Address: 6090 ALOMA LANE  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI M ONEIL

SVP

04/28/2009

Electronic Signature of Signing Officer or Director

Date