

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88704

FILED
Feb 04, 2009
Secretary of State

Entity Name: TIM O'NEIL ENTERPRISES, INC.

Current Principal Place of Business:

4225 HWY A1AS
PO BOX 484
ST. AUGUSTINE, FL 32085 US

New Principal Place of Business:

4225 HWY A1AS
ST. AUGUSTINE, FL 32085 US

Current Mailing Address:

PO BOX 484
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 58-1846367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEIL, TIMOTHY
4225 HIGHWAY A1A SOUTH
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEIL, TIMOTHY,
Address: 4225 HIGHWAY A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL

Title: SD () Delete
Name: O'NEIL, LINDA,
Address: 4225 HIGHWAY A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL

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: TIMOTHY P. O'NEIL

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date