2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L39369

1. Entity Name

O'NEAL MARINE CONSTRUCTION SUPPLY, INC.



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O EDGAR O'NEAL 5790 ESTELLE STREET JACKSONVILLE, FL 32205 Mailing Address

C/O EDGAR O'NEAL 5790 ESTELLE STREET JACKSONVILLE, FL 32205



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2983243

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 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
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SIGNATURE_	Signature, typed or printed name of registered agent and title li	Applicable (NOTE D	lan marcal Annat almost as	and lead when releasely as	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	U00000592974
10.	OFFICERS AND DIREC	TORS			<u> 01/22/07-80013-002_150_90</u>
TITLE	P				
NAME .	O'NEAL, EDGAR L				
STREET ADDRESS	12762 SUNOWA SPRING TRL				
CITY-ST-ZIP	BRYCEVILLE, FL 32009				
TITLE	V				
NAME	O'NEAL, CHARLE E				
STREET ADDRESS	1322 MCGRITS CREEK W.				
CITY-ST-ZIP					
	JACKSONVILLE, FL 32221				
TITLE	Т				
NAME	O'NEAL, BARBARA E		•		
STREET ADDRESS	12762 SUNOWA SPRINGS TRL.			DΩ	NOT WRITE
CITY-ST-ZIP	BRYCEVILLE, FL 32009			DO	MOI MAKILE
TITLE	S			IAI '	THIS SPACE
NAME	O'NEAL, LISA G			111	I III3 SFACE
STREET ADDRESS	1322 MCGRITS CREEK W.				
CITY - ST - ZIP	JACKSONVILLE, FL 32221				
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CITY-ST-ZIP	•	,			
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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:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

904-783-9479

Daytime Phone #