

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 021 ***150.00

DOCUMENT # P00000037743	
1. Entity Name O'CONNOR LAW GROUP, P.A.	



40059956



Principal Place of Business 9735 US HWY 19, STE 2 PORT RICHEY, FL 34668	Mailing Address 9735 US HWY 19, STE 2 PORT RICHEY, FL 34668
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2. Principal Place of Business - No P.O. Box # 9743 US HWY 19 Suite, Apt. #, etc.	3. Mailing Address 9743 US HWY 19 Suite, Apt. #, etc.
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04042007 Chg-P CR2E034 (12/06)

City & State PORT RICHEY, FL 34668	City & State PORT RICHEY, FL 34668
Zip Country	Zip Country

4. FEI Number 59-3646488	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNOR, TARA M 9735 US HWY 19, STE 2 PORT RICHEY, FL 34668	
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7. Name and Address of New Registered Agent Name O'CONNOR, TARA M. Street Address (P.O. Box Number is Not Acceptable) 9743 US HWY 19 City PORT RICHEY FL Zip Code 34668	
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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 Tara M. O'Connor 4/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS O'CONNOR, TARA M 9735 US HWY 19, STE 2 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'CONNOR, KERRY A 9735 US HWY 19, STE 2 PORT RICHEY, FL 34668 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9743 US HWY 19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9743 US HWY 19
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 or for the like empowered.

SIGNATURE: Tara M. O'Connor 4/10/07 (727) 841-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #