

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000112760

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** O'CONNOR ACCOUNTING SERVICES, INC.

**Current Principal Place of Business:**

646 SE 12TH CT. #17  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

646 SE 12TH CT. #17  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 03-0375257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, MAURICE B  
646 SE 12TH CT., #17  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

O'CONNOR, BARBARA A  
646 SE 12TH CT., #17  
CAPE CORAL, FL 33990 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:** BARBARA A O'CONNOR

04/01/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** O'CONNOR, BARBARA A  
**Address:** 646 SE 12TH CT., #17  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** VP  
**Name:** MCDERMOTT, NOREEN A  
**Address:** 3902 SE 20 AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA O'CONNOR

PRES

04/01/2010

Electronic Signature of Signing Officer or Director

Date