

2004 FOR PROFIT CORPORATION ANNUAL REPORT

P317L

DOCUMENT # P0200008163

1. Entity Name
O'CONNOR TEAM MANAGEMENT, INC.



FILED

04 JUN -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3083 TAMiami TRAIL, STE. B
PORT CHARLOTTE, FL 33952

Mailing Address
3083 TAMiami TRAIL, STE. B
PORT CHARLOTTE, FL 33952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03) *TR*

City & State

City & State

4. FEI Number
61-1445907

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, DAVID E
3083 TAMiami TRAIL, STE. B
PORT CHARLOTTE, FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

~~06/07/04~~ ~~01051~~ ~~001~~ *\$150.00

700037724347

City

~~06/07/04~~ ~~01051~~ ~~FL~~ zip code, 00

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV
NAME REID, DAVID E Delete
STREET ADDRESS 3083 TAMiami TRAIL, STE. B
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME LINSOTT, GISELE M Delete
STREET ADDRESS 3083 TAMiami TRAIL, STE. B
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David E Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 202



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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