

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000040617

1. Entity Name
O'CONNOR INSTALLATIONS & SERVICES, INC.



Principal Place of Business
**14480 SW 112 TERRACE
 MIAMI, FL 33186**

Mailing Address
**14480 SW 112 TERRACE
 MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0712020 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**O'CONNOR, GARY
 14480 SW 112 TERR
 MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE

9. 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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'CONNOR, GARY R
STREET ADDRESS	14480 SW 112 TERR
CITY ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	O'CONNOR, SUZANNE M
STREET ADDRESS	14480 SW 112 TER
CITY ST-ZIP	MIAMI, FL 331869
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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 05/02/05-80004-002 150.00

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 007, 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: *X* Gary R O'Connor Date: 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Number #