

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90033 034 \*\*\*150.00

DOCUMENT # P02000075613

1. Entity Name  
TOM O'NEAL MOBILE SERVICE, INC.



Principal Place of Business  
4191 CHERI DRIVE  
JENSEN BEACH, FL 34957

Mailing Address  
4191 CHERI DRIVE  
JENSEN BEACH, FL 34957

94051567



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 1447

Suite, Apt. #, etc.

PO BOX 1447

01162004

Chg-P

CR2E034 (10/03)

City & State

JENSEN BCH FL

City & State

JENSEN BCH FL

4. FEI Number

52-2370589

Applied For

Not Applicable

Zip

34958-1447

Country

USA

Zip

34958-1447

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, THOMAS W  
4191 CHERI DRIVE  
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name O'NEAL THOMAS W.

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

673 SW PUEBLO TERR.

City PORT ST LUCIE

FL

Zip Code

34953

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 (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

TITLE P  
NAME O'NEAL, THOMAS W  
STREET ADDRESS 4191 CHERI DR.  
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE ST  
NAME O'NEAL, MICHELLE  
STREET ADDRESS 4191 CHERI DR.  
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME O'NEAL THOMAS W  
STREET ADDRESS PO BOX 1447  
CITY-ST-ZIP JENSEN BCH FL 34958-1447 ☒ Change ☐ Addition

TITLE ST  
NAME O'NEAL, MICHELLE  
STREET ADDRESS PO BOX 1447  
CITY-ST-ZIP JENSEN BCH FL 34958-1447 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

TW O'NEAL

1/16/04

772-263-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #