


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90064 014 \*\*\*150.00

DOCUMENT # P03000116771	
1. Entity Name CHANEY & O'NEAL CONSTRUCTION, INC.	

Principal Place of Business 2421 TANGLEWOOD ST LAKELAND FL 33801	Mailing Address 2421 TANGLEWOOD ST LAKELAND FL 33801
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. 1509 MOONLITE DR.	3. Mailing Address P.O. Box 3926 Suite, Apt. #, etc.
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City & State LAKELAND, FLORIDA	City & State LAKELAND, FLORIDA
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4. FEI Number 20-0328229	Applied For <input type="checkbox"/> Not Applicable
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Zip 33801	Country POLK	Zip 33802	Country POLK
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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 CHANEY, SHEDRICK JR - SAME AGENT -> 2420 TANGLEWOOD ST - NEW ADDRESS -> LAKELAND FL 33805
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7. Name and Address of New Registered Agent Name CHANEY, SHEDRICK JR Street Address (P.O. Box Number is Not Acceptable) 1509 MOONLITE DR. City LAKELAND FL Zip Code 33801
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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 SHEDRICK CHANEY, JR. Shedrick Chaney Jr. 4-23-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANEY, SHEDRICK JR <input type="checkbox"/> Delete 2420 TANGLEWOOD ST LAKELAND FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, LORENZO <input type="checkbox"/> Delete 1147 W HICKORY ST LAKELAND FL 33815
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 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
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 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 Shedrick Chaney Jr. SHEDRICK CHANEY, JR. 4-23-05 863 868 9471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #