

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

DOCUMENT # P03000122374

1. Entity Name

PLUNKETT & ASSOCIATES, INC.



**FILED  
Mar 24, 2005 8:00 am  
Secretary of State**

03-24-2005 90032 009 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
P O BOX 6705 OZONA FL 34666-0		P O BOX 6705 OZONA FL 34666-0	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
O'CONNOR, PATRICK M 2249 BELLEAIR ROAD STE 160 CLEARWATER FL 33764			
7. Name and Address of New Registered Agent			
Name <i>PATRICK M. O'CONNOR</i> Street Address (P.O. Box Number is Not Acceptable) <i>1250 SOUTH BELCHER Road</i> <i>SUITE 160</i> City <i>LARGO</i> FL Zip Code <i>33771</i>			

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	PLUNKETT, JOHN C		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P O BOX 6705		
CITY-ST-ZIP	OZONA FL 34666-0		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PLUNKETT, PATRICIA L		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P O BOX 6705		
CITY-ST-ZIP	OZONA FL 34666-0		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*John C. Plunkett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-18-05 727-543-3549*  
Date Daytime Phone #