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Secretary of State

02-28-2005 90238 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2

DOCUMENT # P03000127866

1. Entity Name
PAT O'CONNELL PLASTERING, INC.

66009536

01112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~435 S RIDGEWOOD AVE #210~~	~~435 S RIDGEWOOD AVE #210~~
~~DAYTONA BEACH, FL 32114~~ Change	~~DAYTONA BEACH, FL 32114~~
2. Principal Place of Business: 1319 Woodbine St.	3. Mailing Address: 1319 Woodbine St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, Fl	City & State: Daytona Beach, Fl
Zip: 32114 Country: US	Zip: 32114 Country: US.

4. FEI Number 57-1190353 ☐ Applied For ☐ Not Applicable

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
O'CONNELL, PATRICK E	Name
1319 WOODBINE ST	Street Address (P.O. Box Number is Not Acceptable)
DAYTONA BEACH, FL FL321-14	City FL Zip Code

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 ______ DATE
Signature, 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Patrick O'Connell 1319 Woodbine St Daytona Bch, Fl 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Patrick E. O'Connell 26 Jan. 05 (386) 295-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #