2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGN

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 17, 2006 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPURI				Secretary of Sta	40
DOCU	MENT # P030001543	321		Secretary or Sta	lle
1. Entity Narr	116		A TOP OF	M.	
O'CALLA	GHAN ENTERPRISES, P.A.				
Diania di Pian		Nentra - Adelune		-	
)	te of Business	Mailing Address 5481 SEMINOLE BLVD		}	
3487 SEMIN SEMINOLE, F		SEMINOLE, FL 33772		}	
}		·			11 33 2 31 1 33 7
}		·			
				C KERINZEN HIL ERNER SINN BENN BEIRS SKORT BSST BISSON FRANK INSBALLIN	en an e en emme
}				01312006 No Chg-P CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE		aliad For
			~-		phied For at Applicable
{				5. Certificate of Status Desired S8.75 Add	
				5. Cermicale of Stands Desired Fee Required	d
6. Name and Address of Current Registered Agent					
O'CALLAC	SHAN, KEVIN		{	DO NOT WRITE	
5481 SEMINOLE BLVD			DO NOT WRITE		
SEMINOLE, FL 33772				IN THIS SPACE	
}					
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 reinstalling) DATE					
FIL	E NOWILL FEE IS \$150.00	Election Campaign Final Trust Fund Contribution.		5.00 May Be ided to Fees	
After M	ay 1, 2006 Fee will be \$550.00) Itasi Fana Commodian.	LI NO	kied w rees	
10.	OFFICERS AND D	RECTORS			
TITLE NAME	D O'CALLAGHAN, KEVIN		i		
STREET ADDRESS	5481 SEMINOLE BLVD		1		
C717-S1-ZIP	SEMINOLE, FL 33772		Į		
TITLE				U00000471149 03/2 <mark>8/06-80042-</mark> 010 15	
NAME OTOGET ADDRESS				03/28/06-80042-010 15	0.00
STREET ADDRESS CITY-ST-ZIP					
TITLE			1		
NAME			1		
STREET ADDRESS		= ;	1	DO NOT WRITE	
GITY-ST-ZIP			1		
SITLE :			f	IN THIS SPACE	
STREET AODRESS			i		
CHY-ST-ZIP			1		
DTLE			1		
NAME			Į.		
STREET ADDRESS			1		
TITLE			1		
HAME			I		
STREET ADDRESS			1		
CITY-ST-ZIP			1		
12. I hereby of indicated	certify that the information supplied with ti on this report or suppliant has report is t	his filing does not quality for the ex rue and accurate and that my stone	emptions containe ture shall have the	ed in Chapter, 119, Florida Statutes, I further certify that the ir a same legal effect as if made under oath, that I am an officer of Florida Statutes; and that my name appears in Block 10 or	or director
of the cor changed	poration or the receiver of trustee empor or on an attachment with an address, wi	rered to execute this report as required to execute this required to the research and the research are required to the research and the research are required to the required to the research are required to the research are required to the required to the required to the research are required to the required to the research are required to the research are required to the required to the research are required to the res	red by Chapter 60	27 Piorida Statutes; and that my name appears in Block 10 or	Block 11 if
	N /			ルミしんし	