


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000003431		
1. Entity Name THOMAS F. O'CONNOR, INC.		

Principal Place of Business 4910 BOYNTON CT TAMPA FL 33625	Mailing Address 4910 BOYNTON CT TAMPA FL 33625
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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 PONDER, CHARLES J 2667-B N FLORIDA AVE HERNANDO FL 34442		7. Name and Address of New Registered Agent Name <i>Sharon M. Mathis / Bistany Accounting</i> Street Address (P.O. Box Number is Not Acceptable) <i>7603 Jackson Springs Rd</i> City <i>Tampa</i> FL Zip Code <i>33615</i>	
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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 *Sharon M. Mathis / Bistany Accounting* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$350.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, THOMAS F 4910 BOYNTON CT TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas F. O'Connor* President 4-27-04 813 960 1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas F. O'Connor

FILED
04 MAY 12 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/30/04 90273 022 \$150.00

MOORE CR2E034 (11/03)