

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90066 024 ***150.00

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03122005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0875733** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000048631

1. Entity Name
WILLIAM A. O'LEARY, P.A.



Principal Place of Business
**12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223**

Mailing Address
**12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 56593
Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip | Country
32241 |

6. Name and Address of Current Registered Agent

**O'LEARY, WILLIAM A
12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
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**

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	P O'LEARY, WILLIAM A 12143 DIVIDING OAKS TRAIL EAST JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'LEARY, WILLIAM A 12143 DIVIDING OAKS TRAIL EAST JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. O'LEARY, WILLIAM A 12143 DIVIDING OAKS TRAIL EAST JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA O'LEARY, WILLIAM A 12143 DIVIDING OAKS TRAIL EAST JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. O'LEARY, WILLIAM A 12143 DIVIDING OAKS TRAIL EAST JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: William A. O'Leary **3-11-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #