

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048631

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

FILED
Mar 24, 2012
Secretary of State

Current Principal Place of Business:

12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

PO BOX 56593
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 20-0875733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: O'LEARY, WILLIAM A
Address: 12143 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP
Name: O'LEARY, WILLIAM A
Address: 12143 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: SEC.
Name: O'LEARY, WILLIAM A
Address: 12143 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: TREA
Name: O'LEARY, WILLIAM A
Address: 12143 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: DIR.
Name: O'LEARY, WILLIAM A
Address: 12143 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. O'LEARY

P

03/24/2012

Electronic Signature of Signing Officer or Director

_____ Date