

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000105637

1. Entity Name
O'CALLAGHAN TRUCKING INC



Principal Place of Business
**229 24TH CT SW
WINTER HAVEN, FL 33880**

Mailing Address
**229 24TH CT SW
WINTER HAVEN, FL 33880**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1884579** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CALLAGHAN, MICHAEL
229 24TH CT SW
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **O'CALLAGHAN, MICHAEL**
STREET ADDRESS **229 24TH CT SW**
CITY-STATE-ZIP **WINTER HAVEN, FL 33880**

TITLE **DP**
NAME **O'CALLAGHAN, MICHAEL**
STREET ADDRESS **229 24TH CT SW**
CITY-STATE-ZIP **WINTER HAVEN, FL 33880**

TITLE **V**
NAME **HAIN, JOANN**
STREET ADDRESS **229 24TH CT SW**
CITY-STATE-ZIP **WINTER HAVEN, FL 33880**

TITLE **T**
NAME **O'CALLAHAN, SHAWN**
STREET ADDRESS **613 N HIGH ST**
CITY-STATE-ZIP **PORT BYRON, IL 61275**

TITLE **S**
NAME **O'CALLACHAN, TONYA**
STREET ADDRESS **20843 246TH ST**
CITY-STATE-ZIP **HAWKEYE, IA 52147**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000599340
01/25/07-80023-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael O'Callaghan MICHAEL O'CALLAGHAN 1-21-07 863-651-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #