

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 041 ***150.00

DOCUMENT # P04000163473

1. Entity Name
WH OCONNELL & ASSOICATES PA



Principal Place of Business
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

Mailing Address
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

40044444



2. Principal Place of Business - No P.O. Box #

2825 Lewis Speedway

3. Mailing Address

2825 Lewis Speedway

Suite, Apt. #, etc.

Suite #104

Suite, Apt. #, etc.

Suite #104

City & State

St Augustine

City & State

St Augustine

Zip

32084

Country

Zip

32084

Country

02122008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1958673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCONNELL, WILLIAM H
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

O'Connell, William H

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

2825 Lewis Speedway

Suite #104

City

St Augustine

FL

Zip Code

32084

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OCONNELL, WILLIAM H	
STREET ADDRESS	2200 N PONCE DE LEON BLVD SUITE 10	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2825 Lewis Speedway, Suite #104	
CITY-ST-ZIP	St Augustine, FL 32084	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

Date

904-829-0082

Daytime Phone #