


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 012 ***158.75

DOCUMENT # P06000028724					
1. Entity Name O'SHEA AND ASSOCIATES INCORPORATED					
Principal Place of Business 137 SANDPIPER AVE. ROYAL PALM BCH, FL 33411			Mailing Address 137 SANDPIPER AVE. ROYAL PALM BCH, FL 33411		
2. Principal Place of Business - No P.O. Box # SAME			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'SHEA, MICHAEL SR. 137 SANDPIPER AVE. ROYAL PALM BCH, FL 33411				7. Name and Address of New Registered Agent Name N/A 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO O'SHEA, MICHAEL J SR. 137 SANDPIPER AVE. ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'SHEA, MICHAEL J JR. 137 SANDPIPER AVE. ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <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 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 J. O'Shea		5/4/07		561-719-7635	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	