

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013417

FILED
Jan 12, 2006
Secretary of State

Entity Name: O'NEIL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2040 NW 67TH PL
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5278
GAINESVILLE, FL 326025278 US

New Mailing Address:

P.O. BOX 5278
GAINESVILLE, FL 326275278 US

FEI Number: 59-3158829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLINI, G. THOMAS
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MALLINI, G. THOMAS,
Address: 2040 NW 67TH PL
City-St-Zip: GAINESVILLE, FL 32653

Title: DC () Delete
Name: O'NEIL, DENNIS R.,
Address: 2040 NW 67TH PL
City-St-Zip: GAINESVILLE, FL 32653

Title: SVP () Delete
Name: CLARK, HERBERT W
Address: 2040 NW 67TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G.T. MALLINI

MD

01/12/2006

Electronic Signature of Signing Officer or Director

Date