


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90191 010 ***150.00

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| DOCUMENT # P93000069644 |  |
| 1. Entity Name PATRICK M. O'CONNOR, P.A. | |

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| Principal Place of Business 2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764 US | Mailing Address 2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764 US |
|---|---|

50036541



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| 2. Principal Place of Business 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, Florida Zip 33771-5207 Country USA | 3. Mailing Address 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, Florida Zip 33771-5207 Country USA |
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02152005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3202620 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 2240 BELLEAIR RD. SUITE 160 CLEARWATER, FL 33764 | 7. Name and Address of New Registered Agent Name O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road, Suite 160 City Largo FL Zip Code 33771-5207 |
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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 Patrick M. O'Connor DATE 4-6-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P O'CONNOR, PATRICK M 2240 BELLEAIR ROAD #160 CLEARWATER, FL 33764 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 S. Belcher Road, Suite 160 Largo, Florida 33771-5207 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick M. O'Connor DATE 4-6-05 DAYTIME PHONE # 727-539-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR