

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 020 ***150.00

DOCUMENT # P95000000017					
1. Entity Name O'HAIRE, QUINN, CANDLER & CASALINO, CHARTERED					
Principal Place of Business 3111 CARDINAL DRIVE VERO BEACH, FL 32963			Mailing Address PO BOX 4375 VERO BEACH, FL 32964		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0549320	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANDLER, RICHARD B 3111 CARDINAL DR VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME O'HAIRE, MICHAEL		<input type="checkbox"/> Delete		
STREET ADDRESS 575 HWY A-1-A	CITY-ST-ZIP VERO BEACH, FL 32963		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME QUINN, JEROME D		<input type="checkbox"/> Delete		
STREET ADDRESS 308 LIVE OAK RD	CITY-ST-ZIP VERO BEACH, FL 32963		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME CANDLER, RICHARD B		<input type="checkbox"/> Delete		
STREET ADDRESS 595 HWY A1A	CITY-ST-ZIP VERO BEACH, FL 32963		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME CASALINO, GREGG M		<input type="checkbox"/> Delete		
STREET ADDRESS 950 WINDSONG WAY	CITY-ST-ZIP VERO BEACH, FL 32963		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 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:			Date: Apr 11, 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 772-231-6900		