

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 027 ***150.00

DOCUMENT # P95000055556

1. Entity Name
 THOMAS P. O'CONNELL, P.A.



Principal Place of Business Mailing Address

15 SW 10TH STREET
 FORT LAUDERDALE FL 33315
 US

15 SW 10TH STREET
 FORT LAUDERDALE FL 33315
 US

2. Principal Place of Business 3. Mailing Address

600 S. Andrews Ave. 600 S. Andrews Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 407 SUITE 407

City & State City & State

Ft. Lauderdale, FL Ft. Lauderdale, FL

Zip Country Zip Country

33301 USA 33301 USA



MOORE CR2E034 (11/03)

4. FEI Number Applied For

65-0598011 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, THOMAS P.
 15 SW 10TH STREET
 FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name: O'Connell, Thomas P.
 Street Address (P.O. Box Number is Not Acceptable): 600 S. Andrews Ave.
 SUITE 407
 City: Ft. Lauderdale FL Zip: 33301

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: *Thomas P. O'Connell* DATE: 2/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'CONNELL, THOMAS P	
STREET ADDRESS	15 SW 10TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 S. Andrews Ave. SUITE 407	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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		
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		

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: *Thomas P. O'Connell* DATE: 2/29/04 DAYTIME PHONE #: 954-527-1092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #