2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 28, 2005 8:00 am **Secretary of State** DOCUMENT # P96000103502 1. Entity Name 07-28-2005 90001 015 ***150.00 DONALD M. O'LEARY, P.A. Principal Place of Business Mailing Address 5960 CENTRAL AVENUE, SUITE B 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Maifing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3419196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -O'LEARY- DONALD M ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707 Zip Code City 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 Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) Report not Prior FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees received. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** TITLE Change Addition ☐ Delete O'LEARY, DONALD M NAME NAME 5960 CENTRAL AVENUE, SUITE B STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CHTY+ST-ZIF ☐ Delete THILE ☐ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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: 7-15-0

7-15-05 727-392-920

FILED

ATTACHMENT

DONALD M. O'LEARY, P.A.

CENTRAL WEST OFFICE PARK 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG, FLORIDA 33707

TELEPHONE: (727) 343-3800

FAX: (727) 345-1189

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July 25, 2005

Department of State Division of Corporations Annual Report Post Office Box 6850 Tallahassee FL 32314

Gentlemen:

Enclosed please find my renewal report for 2005 and my check in the amount of \$150.00. I never received the prior report in order to qualify for the May 1 deadline and therefore request to be excused from the increased rate fee.

Very truly yours,

Donald M. O'Leary

Donald M. O'C

DMO:mdo Enclosure