


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 005 ***150.00

DOCUMENT # P96000103502	
1. Entity Name DONALD M. O'LEARY, P.A.	

Principal Place of Business 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707	Mailing Address 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707
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2. Principal Place of Business (P.O. Box #) NEW ADDRESS 5203 Central Ave		3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

1st MOORE CR2E034 (10/07)

City & State St. Petersburg, FL	City & State	4. FEI Number 59-3419196	Applied For <input type="checkbox"/> Not Applicable
Zip 33710	Country Pinellas	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'LEARY, DONALD M ESQUIRE 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Donald M. O'Leary DATE 4-16-08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'LEARY, DONALD M 5960 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald M. O'Leary DATE 4-16-08 727-319-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR