

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000103502

Entity Name: DONALD M. O'LEARY, P.A.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5203 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710

## **New Principal Place of Business:**

6252 43RD AVENUE NORTH  
KENNETH CITY, FL 33709 US

## **Current Mailing Address:**

5203 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

## **New Mailing Address:**

6252 43RD AVENUE NORTH  
KENNETH CITY, FL 33709 US

FEI Number: 59-3419196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

O'LEARY, DONALD M ESQUIRE  
5203 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710 US

## **Name and Address of New Registered Agent:**

O'LEARY, DONALD M ESQUIRE  
6252 43RD AVENUE NORTH  
KENNETH CITY, FL 33709 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/30/2011

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: O'LEARY, DONALD M  
Address: 6252 43RD AVENUE NORTH  
City-St-Zip: KENNETH CITY, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD M. O'LEARY

PSTD

04/30/2011

Electronic Signature of Signing Officer or Director

Date