

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002788

Entity Name: PETE O'CONNOR, INC.

FILED  
Mar 15, 2005  
Secretary of State

## Current Principal Place of Business:

3927 W 26TH COURT  
PANAMA CITY, FL 32405

## New Principal Place of Business:

## Current Mailing Address:

3927 W 26TH COURT  
PANAMA CITY, FL 32405

## New Mailing Address:

FEI Number: 59-3416548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNOR, PETER R  
3927 W 26TH COURT  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'CONNOR, JOE R  
Address: 1900 BALITMORE  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete  
Name: OCONNOR, SHARON  
Address: 3927 W 26TH CT  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC. ( ) Change (X) Addition  
Name: WHITENER, SHERRIE K  
Address: 1116 FORTUNE AVE  
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHARON K. OCONNOR

VP

03/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date