

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000023006

1. Entity Name  
O - NEIL SYSTEMS INC.



Principal Place of Business  
1310 SPRING LAKE ROAD  
FRUITLAND PARK, FL 39731

Mailing Address  
1310 SPRING LAKE ROAD  
FRUITLAND PARK, FL 39731

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3499769	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SAMUEL, CARON O  
1310 SPRINGLAKE ROAD  
FRUITLAND PARK, FL 34731

**DO NOT WRITE  
IN THIS SPACE**

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

*Caron O. Samuel*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4-28-06*

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10.

OFFICERS AND DIRECTORS

TITLE D  
NAME SAMUEL, CARON O  
STREET ADDRESS 1310 SPRING LAKE ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE D  
NAME SAMUEL, CAROLYN C  
STREET ADDRESS 1310 SPRINGLAKE ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE D  
NAME MONTEZ, DEBRIA M  
STREET ADDRESS 1310 SPRINGLAKE ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000548679  
05/12/06-80075-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Caron O. Samuel* *Caron O. Samuel* *4-28-06* *(352) 728-3844*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #