

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90268 027 \*\*\*150.00

**DOCUMENT # P98000059403**

1. Entity Name

O'RIORDAN COMPANIES, INC.



Principal Place of Business

6621 N CENTRAL AVENUE  
TAMPA FL 33604  
US

Mailing Address

6621 N CENTRAL AVENUE  
SUITE 6  
TAMPA FL 33604  
US

34036074



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8717 N. Nebraska Ave.  
Suite, Apt. #, etc.

3. Mailing Address

8717 N. Nebraska Ave.  
Suite, Apt. #, etc.

4. FEI Number

59-3519704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'RIORDAN, JOSEPH  
6621 N CENTRAL AVENUE  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE P ☐ Delete  
NAME O'RIORDAN, JOSEPH  
STREET ADDRESS 6621 N CENTRAL AVENUE  
CITY-ST-ZIP TAMPA FL 33604

TITLE ST ☐ Delete  
NAME O'RIORDAN, HEATHER  
STREET ADDRESS 8702 N HIGHLAND AVE  
CITY-ST-ZIP TAMPA FL 33604

TITLE VD ☐ Delete  
NAME RUTTER, WILLIAM  
STREET ADDRESS 2115 W SANAAH ST  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 8702 N. Highland  
STREET ADDRESS Tampa, FL 33604  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #