


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S09923
 1. Entity Name
WILLIAM PATRICK O'CONNOR, INC.



Principal Place of Business _____ Mailing Address _____
440 SPRING FOREST DR. **440 SPRING FOREST DR.**
NEW SMYRNA BEACH, FL 32168 **NEW SMYRNA BEACH, FL 32168**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3033805** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
O'CONNOR, WILLIAM
440 SPRING FOREST DRIVE
NEW SMYRNA BEACH, FL 32168

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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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAM O'CONNOR
STREET ADDRESS	440 SPRING FOREST DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	ST
NAME	NICOLE JONCAS
STREET ADDRESS	440 SPRING FOREST DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	D
NAME	O'CONNOR, JEFFREY
STREET ADDRESS	440 SPRING FOREST DR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	O'CONNOR, DAWN L
STREET ADDRESS	440 SPRING FOREST DR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nicole Joncas* *April 24/05* *386-423-7226*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #