


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 036 ***150.00

DOCUMENT # S09923 1. Entity Name WILLIAM PATRICK O'CONNOR, INC.	
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Principal Place of Business 440 SPRING FOREST DR. NEW SMYRNA BEACH, FL 32168	Mailing Address 440 SPRING FOREST DR. NEW SMYRNA BEACH, FL 32168
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50016939



04242006 No Chg-P. CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3033805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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: *Nicole Joncas* 4/24/06 386-423-7226

DATE: _____ DAYTIME PHONE #: _____