2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90200 010 ***150.00

DOCUMENT # V28628

1. Entity Name
O'CONNELL CONSTRUCTION SERVICES, INC.

50001467

Principal Place of Business	Mailing Address
6298 HIGHWAY 441 SE OKEECHOBEE, FL 34974 US	6298 HIGHWAY 441 S.E. OKEECHOBEE, FL 34974 US

2. Principal Place of Business No P O Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

04052007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0287774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, LORY
6298 HWY 441 SE
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

Name: John O'Connell
Street Address (P O Box Number is Not Acceptable): 6298 Hwy 441 SE
City: Okeechobee FL Zip Code: 34974

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: John M O'Connell 4-17-07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP O'CONNELL, JOHN M. 6298 HIGHWAY 441, S.E. OKEECHOBEE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP O'CONNELL, LORY A 6298 HWY 441 SE OKEECHOBEE, FL 34974	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: John M. O'Connell 4-17-07 863-634-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #