
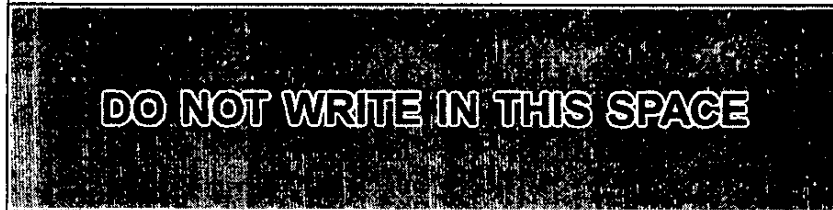


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # V44375 1. Entity Name O'NEAL CONTRACTING, INC.	
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Principal Place of Business P.O. BOX 3505 LAKE CITY, FL 32056-3505	Mailing Address P.O. BOX 3505 LAKE CITY, FL 32056-3505
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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3126643	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'NEAL, JOHN G. 1068 SOUTH MARION AVENUE LAKE CITY, FL 32025

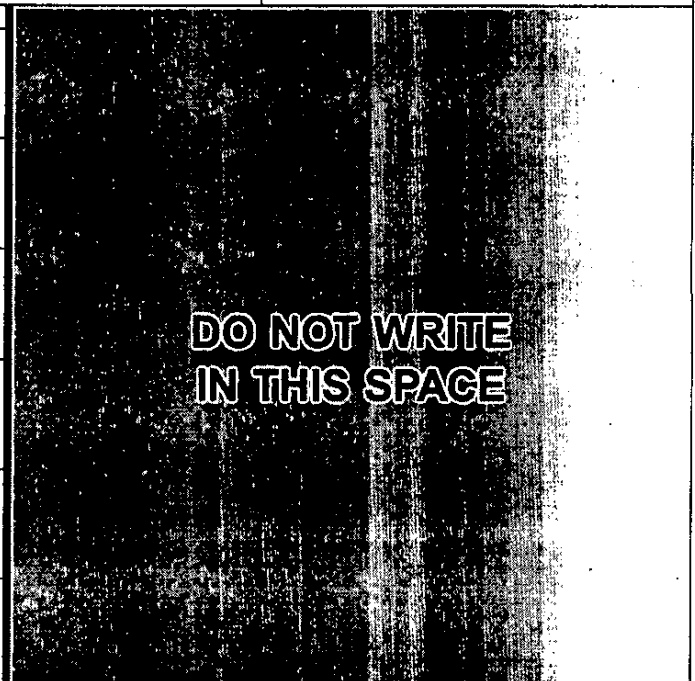


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000605513 01/30/07-80039-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, JOHN G. 1068 SOUTH MARION AVENUE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEAL, DANETTE 221 SE MILLCREEK CT LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS O'NEAL, JOHN W. 221 SE MILL CREEK CT LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 W. O'Neal - John W. O'Neal 1-23-07 386-752-7578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #