


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P13170 1. Entity Name O'NEIL THEATRES, INC.	
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Principal Place of Business 1926C CORPORATE SQUARE DRIVE SLIDELL, LA 70458	Mailing Address 1926C CORPORATE SQUARE DRIVE SLIDELL, LA 70458
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0749767	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KRAEMER, MARY K.  
727 HIGHWAY 98 WEST  
DESTIN, FL 32541

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEIL, TIMOTHY H. JR. 1926C CORPORATE SQ. DR. SLIDELL, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'NEIL, BETTY G. 408 CHRISTIAN LANE SLIDELL, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEIL, TIMOTHY III 109 TURTLE CREEK BOULEVARD SLIDELL, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/08/04-80020-011 75.00

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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)(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: \_\_\_\_\_ **7-2-04** **(985)641-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #