


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90094 036 \*\*\*150.00

<b>DOCUMENT # P01000057348</b>					
1. Entity Name STEPHEN RICHARD MONAHAN BUSINESS SERVICES, INC.					
Principal Place of Business 214 ARROWHEAD ROAD ST AUGUSTINE FL 32086		Mailing Address 214 ARROWHEAD ROAD ST AUGUSTINE FL 32086			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3724826</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WATSON, TODD ESQ 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE FL 32256</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 necessary) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>MONAHAN, STEPHEN R</b> <b>214 ARROWHEAD ROAD</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>OFFICER VICE PRESIDENT</b> <b>MURRAY MONAHAN</b> <b>214 ARROWHEAD RD</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>OFFICER ASSISTANT VICE PRESIDENT</b> <b>RILEY MONAHAN</b> <b>214 ARROWHEAD RD.</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>OFFICER ASSISTANT VICE PRESIDENT</b> <b>HEATHY MONAHAN</b> <b>214 ARROWHEAD RD</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRESIDENT, STEPHEN R. MONAHAN STEPHEN R. MONAHAN Date: 1/31/07 Daytime Phone #: (904) 797-4422		



1st MOORE CR2E034 (10/06)