


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000035844
1. Entity Name
THOMAS C. NOLAN, P.A.



Principal Place of Business: 870 E STATE RD 434, LONGWOOD, FL 32750
Mailing Address: 870 E STATE RD 434, LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)
4. FEI Number: 52-2096020 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
NOLAN, THOMAS C ESQ.
870 E STATE ROAD 434
LONGWOOD, FL 32750

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOLAN, THOMAS C 870 E STATE RD 434 LONGWOOD, FL 32750
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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: Thomas C. Nolan 1/27/05 (407) 831-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #