

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90153 006 \*\*\*150.00

**DOCUMENT # F67192**

1. Entity Name  
**FRANCIS H. MULDOON, JR., P.A.**



Principal Place of Business  
**513 WHITEHEAD ST., 2ND FLOOR  
KEY WEST, FL 33040**

Mailing Address  
**513 WHITEHEAD ST., 2ND FLOOR  
KEY WEST, FL 33040**

**00009121**



2. Principal Place of Business  
**505 WHITEHEAD STREET**

3. Mailing Address  
**505 WHITEHEAD STREET**

Suite, Apt. #, etc.  
**SUITE 1**

Suite, Apt. #, etc.  
**SUITE 1**

City & State  
**KEY WEST, FL**

City & State  
**KEY WEST, FL**

Zip  
**33040**

Country  
**MONROE**

Zip  
**33040**

Country  
**MONROE**

02282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2165661**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULDOON, FRANCIS H., JR.  
513 WHITEHEAD ST., 2ND FLOOR  
KEY WEST, FL 33040**

**505 WHITEHEAD STREET  
SUITE 1**

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

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, 2006 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  
**DP  
MULDOON, FRANCIS H., JR  
513 WHITEHEAD ST., 2ND FLOOR  
KEY WEST, FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**505 WHITEHEAD STREET, SUITE 1**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Francis H. Muldoon*