



FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 019 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F67192			
1. Entity Name FRANCIS H. MULDOON, JR., P.A.			
Principal Place of Business 505 WHITEHEAD STREET SUITE 1 KEY WEST, FL 33040		Mailing Address 505 WHITEHEAD STREET SUITE 1 KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box # 415 EATON STREET		3. Mailing Address 415 EATON STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State KEY WEST FL	
Zip 33040	Country USA	Zip 33040	Country USA
4. FEI Number 59-2165661		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 415 EATON STREET 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 _____ DATE 03/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULDOON, FRANCIS H., JR. 606 WHITEHEAD STREET, SUITE 1 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 EATON STREET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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, JR., PRES. 03/30/07 Date Daytime Phone # 305-294-0930	