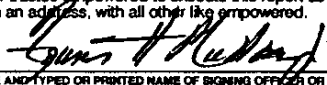


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 039 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F67192 1. Entity Name FRANCIS H. MULDOON, JR., P.A.				40073686 			
Principal Place of Business 415 EATON ST KEY WEST, FL 33040		Mailing Address 415 EATON ST KEY WEST, FL 33040		04112008 Chg-P CR2E034 (12/06)			
2. Principal Place of Business - No P.O. Box # 420 FLEMING ST		3. Mailing Address 420 FLEMING ST.					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State KEY WEST, FL		City & State KEY WEST, FL					
Zip 33040		Country USA		4. FEI Number 59-2165661			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent MULDOON, FRANCIS H., JR. 415 EATON ST KEY WEST, FL 33040						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 420 FLEMING ST. City KEY WEST FL Zip Code 33040	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 415 EATON ST KEY WEST, FL 33040		☐ Delete		☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 420 FLEMING ST KEY WEST FL 33040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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:				04/14/08 305-294-0930 Daytime Phone #			