

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02075
1. Entity Name
MULLALLY MANOR, INC.



Principal Place of Business Mailing Address
**%CASA SAN PABLO
401 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US** **%CASA SAN PABLO
401 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2410785 Not Applicable

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

6. Name and Address of Current Registered Agent

**PESHEK, GUY
1956 SECOND ST
DAYTONA BEACH FL 32119**

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 *Guy Peshek* DATE *2-5-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P PESKAK, GUY	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1956 SECOND ST DAYTONA BEACH FL 32119	
TITLE NAME	BD SMITH, DOLORES	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	809 BANBURY DRIVE PORT ORANGE FL 32119	
TITLE NAME	BD BROWN, LONNIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	37 OAKMONT CIR. ORMOND BCH FL	
TITLE NAME	ST HILL, MARY M	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	PO BOX 646 DAYTONA BEACH FL 32115	
TITLE NAME	VPTD WEBSTER, ROBERT R	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	PO BOX 646 DAYTONA BCH. FL	
TITLE NAME	BD WHITE, KATIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	169 GULL CIR., NORTH DAYTONA BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	U00000088619 03/15/04-80038-013 61.25	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		

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 617, 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: *Guy Peshek* DATE: *2-5-04*