



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N02075 1. Entity Name MULLALLY MANOR, INC.	
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Principal Place of Business %CASA SAN PABLO 401 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 US	Mailing Address %CASA SAN PABLO 401 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

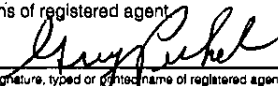
4. FEI Number 59-2410785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PESHEK, GUY
1956 SECOND ST
DAYTONA BEACH, FL 32119

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

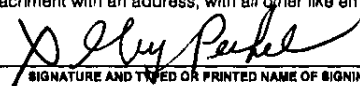
10. OFFICERS AND DIRECTORS

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

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 05/01/07-80121-006 61.25

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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 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR