


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90186 035 ****61.25

DOCUMENT # N02075

1. Entity Name
MULLALLY MANOR, INC.



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2410785** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~PARKES, RONALD G.
25 COUNTRY CLUB DR
ORMOND BEACH FL 32176~~

**Guy Peshek
1956 Second St
Daytona Beach, FL
32119**

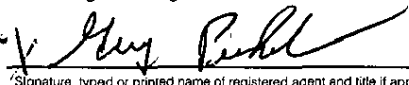
7. Name and Address of New Registered Agent

Name **Guy Peshek**

Street Address (P.O. Box Number is Not Acceptable)
1956 Second Street

City **Daytona Beach FL** Zip Code **32119**

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 \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PARKES, RONALD G	
STREET ADDRESS	25 COUNTRY CLUB DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	BD	<input type="checkbox"/> Delete
NAME	SMITH, DOLORES	
STREET ADDRESS	809 BANBURY DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	BD	<input type="checkbox"/> Delete
NAME	BROWN, LONNIE	
STREET ADDRESS	37 OAKMONT CIR.	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HILL, MARY M	
STREET ADDRESS	PO BOX 646	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	WEBSTER, ROBERT R	
STREET ADDRESS	PO BOX 646	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WHITE, KATIE	
STREET ADDRESS	169 GULL CIR., NORTH	
CITY-ST-ZIP	DAYTONA BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy Peshek	
STREET ADDRESS	1956 Second St	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)