

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000044697**

1. Entity Name  
**MOM ON A MISSION, INC.**



Principal Place of Business  
**% EULA LEE REGAN  
P.O. BOX 690326  
VERO BEACH, FL 32969-0326**

Mailing Address  
**% EULA LEE REGAN  
P.O. BOX 690326  
VERO BEACH, FL 32969-0326**



01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3716039**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REGAN, EULA L  
1982 WESTHAMPTON CT  
VERO BEACH, FL 32966-5126**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

**000000031871  
02/04/04-80165-016 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	REGAN, EULA L
STREET ADDRESS	1982 WESTHAMPTON CT
CITY - ST - ZIP	VERO BEACH, FL 329665126
TITLE	VD
NAME	MURPHY, PATRICK G
STREET ADDRESS	3356 SW 94TH PLACE
CITY - ST - ZIP	OCALA, FL 34476
TITLE	VD
NAME	MURPHY, BRIAN FRANK
STREET ADDRESS	2414 2ND AVENUE SW
CITY - ST - ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Eula Lee Regan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-04**

**772-564-0482**