

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-12-2007 90094 036 ***150.00

DOCUMENT # P01000057348					
1. Entity Name STEPHEN RICHARD MONAHAN BUSINESS SERVICES, INC.					
Principal Place of Business 214 ARROWHEAD ROAD ST AUGUSTINE FL 32086			Mailing Address 214 ARROWHEAD ROAD ST AUGUSTINE FL 32086		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3724826	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, TODD ESQ 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE FL 32256			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 _____ (NOTE: Registered Agent signature required when necessary)					
Signature, typed or printed name of registered agent and fee if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
D MONAHAN, STEPHEN R 214 ARROWHEAD ROAD ST-AUGUSTINE FL 32086	OFFICER VICE PRESIDENT STEPHEN MONAHAN 214 ARROWHEAD RD ST AUGUSTINE FL 32086				
Delete	Change Addition				
Delete	OFFICER ASSISTANT VICE PRESIDENT RILEY MONAHAN 214 ARROWHEAD RD. ST-AUGUSTINE FL 32086				
Delete	Change Addition				
Delete	OFFICER ASSISTANT VICE PRESIDENT HELEN MONAHAN 214 ARROWHEAD RD ST-AUGUSTINE FL 32086				
Delete	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/31/07					
Daytime Phone #: (904) 797-4422					