


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 003 ***550.00

DOCUMENT # P01000084925	
1. Entity Name RICHARD J. MEEHAN, P.A.	

Principal Place of Business 712 US HIGHWAY 7 STE 400 NORTH PALM BEACH FL 33408	Mailing Address PO BOX 7382 JUPITER FL 33468
---	--



2. Principal Place of Business - No P.O. Box # 1001 U.S. Highway 1 North U.S. 1	3. Mailing Address 1001 North U.S. 1
Suite, Apt. #, etc. 604	Suite, Apt. #, etc. 604
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33477	Country Palm Beach
Zip 33477	Country Palm Beach

2nd MOORE CR2E034 (4/08)

4. FEI Number 65-1142062	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MEEHAN, RICHARD J 712 US HIGHWAY 1 STE 400 NORTH PALM BEACH FL 33408	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 North U.S. Highway 1 Suite 604 City Jupiter FL Zip Code 33477	

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 Richard J. Meehan DATE 8/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEHAN, RICHARD J PO BOX 7382 JUPITER FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Richard J. Meehan DATE 8/19/08 561-746-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR