


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90003 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                               |                                                                                                                                            |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT #P01000113045</b><br>1. Entity Name<br><b>LAW OFFICE OF WILLIAM MULLOY, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                               |                                                                                                                                            |  |  |
| Principal Place of Business<br><b>1147 KINGS WAY<br/>NOKOMIS, FL 34275</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                               | Mailing Address<br><b>1147 KINGS WAY<br/>NOKOMIS, FL 34275</b>                                                                             |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | City & State                                  |                                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                        | Zip                                           | Country                                                                                                                                    | 4. FEI Number<br><b>65-1159277</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                               |                                                                                                                                            | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MULLOY, WILLIAM<br/>1147 KINGS WAY<br/>NOKOMIS, FL 34275</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                          |                                                                                   |  |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                        |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTSD<br>MULLOY, WILLIAM<br>1147 KINGS WAY<br>NOKOMIS, FL 34275 |                                               | <input type="checkbox"/> Delete                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | <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. |                                                                |                                               |                                                                                                                                            |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                               | 9/30/08 941-321-5043                                                                                                                       |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                               | Daytime Phone #                                                                                                                            |                                                                                   |  |