

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90003 001 ***150.00

DOCUMENT # P01000117052

1. Entity Name
J.T. MULLIGAN, INC.



Principal Place of Business
7813 DUCK POND CT
HUDSON, FL 34667

Mailing Address
7813 DUCK POND CT
HUDSON, FL 34667

40109651



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3760950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MULLIGAN, JOSEPH T JR 7813 DUCK POND CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MANCUSO, PHILIP 7812 DUCK POND CT HUDSON, FL 34667
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph T Mulligan
President

02/25/08

Date

Daytime Phone #