2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057698

1. Entity Name
MICHAEL A. MOULTON, P.A.

Principal Place of Business	Mailing Address
316 W ROYAL FLAMINGO DRIVE	316 W ROYAL FLAMINGO DRIVE
SARASOTA, FL 34236	SARASOTA, FL 34236

04212006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
03-0458540	Not Applicable

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

6. Name and Address of Current Registered Agent

SHEA, JOHN J
2940 S TAMIAMI TR
SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

6. 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, 2006 Fee will be $550.00

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

U00000525593
05/04/06-80040-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MOULTON, MICHAEL A
STREET ADDRESS	316 W ROYAL FLAMINGO DRIVE
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
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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 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: _Michael Moulton_ Pres.   4/20/06   941-928-3_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #