

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90207 012 \*\*\*150.00

**DOCUMENT # P03000045897**

1. Entity Name  
**RONALD P. CULLINAN, P.A.**



Principal Place of Business      Mailing Address

915 OAKFIELD DRIVE      915 OAKFIELD DRIVE  
 SUITE F      SUITE F  
 BRANDON, FL 33511      BRANDON, FL 33511

40086400

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

220 W. Brandon Blvd.      220 W. Brandon Blvd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite #209      Suite #209

City & State      City & State

Brandon, FL      Brandon, FL



04252007      Chg-P      CR2E034 (12/06)

Zip      Country      Zip      Country

33511      Hillsborough      33511      Hillsborough

4. FEI Number      Applied For

20-0212106      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

**6. Name and Address of Current Registered Agent**

CULLINAN, RONALD P  
 915 OAKFIELD DRIVE  
 SUITE F  
 BRANDON, FL 33511

**7. Name and Address of New Registered Agent**

Name  
 Cullinan, Ronald P  
 Street Address (P.O. Box Number is Not Acceptable)  
 220 W. Brandon Blvd., Suite 209  
 City      FL      Zip Code  
 Brandon      33511

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: *Ronald P. Cullinan*      DATE: 4/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

    

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CULLINAN, RONALD P	
STREET ADDRESS	915 OAKFIELD DRIVE #F	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cullinan, Ronald P	
STREET ADDRESS	220 W. Brandon Blvd., Suite 209	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald P. Cullinan*      DATE: 4/25/07      (813) 571-9774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #