


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 046 ***150.00

DOCUMENT # P04000008408 1. Entity Name MULVANEY PROPERTY MAINTENANCE, INC.					
Principal Place of Business PO BOX 7842 JUPITER, FL 33468-7842 <i>Palm Beach County</i>			Mailing Address PO BOX 7842 JUPITER, FL 33468-7842		
2. Principal Place of Business <i>Palm Beach County</i>		3. Mailing Address 7842 PO			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FLA		City & State Jupiter FL		4. FEI Number 20-0722891	
Zip 		Zip 33468		Country P.B.C.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KRAMER, SCOTT 6650 W INDIANTOWN RD SUITE 200 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D MULVANEY, THOMAS H PO BOX 7842 JUPITER, FL 334687842		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 exemption stated in Section 119.07(3)(i), 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 authority like empowered.					
SIGNATURE: <i>Thomas H. Mulvaney</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-22-05 Daytime Phone # 876-2599		