

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 012 ***150.00

DOCUMENT # P04000021865					
1. Entity Name TIMOTHY M. FLAHERTY, P.A.					
Principal Place of Business 5 CLIFFORD DR. SHALIMAR, FL 32579 212 Eglin Pkwy. S.E. Suite C Ft. Walton Beach, FL 32548			Mailing Address P.O. Box 1277 SHALIMAR, FL 32579 P.O. Box 1688 Ft. Walton Beach, FL 32549		
2. Principal Place of Business - No P.O. Box # 212 Eglin Pkwy S.E.		3. Mailing Address P.O. Box 1688			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.			
City & State Ft. Walton Beach, FL		City & State Ft. Walton Beach, FL		4. FEI Number 20-0686171	
Zip 32548		Country USA		Applied For Not Applicable	
Zip 32548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAHERTY, TIMOTHY M 5 CLIFFORD DR. 212 Eglin Pkwy. S.E. Suite C SHALIMAR, FL 32579 Ft. Walton Beach, FL 32548			7. Name and Address of New Registered Agent Name 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, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	DPS FLAHERTY, TIMOTHY M 5 CLIFFORD DR. 212 Eglin Pkwy. S.E. Suite C SHALIMAR, FL 32579 Ft. Walton Beach, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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:			4-9-08 (850) 243-6097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		