




2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 047 ***150.00

DOCUMENT # P04000037427 1. Entity Name MARIA DULCE MONAHAN, P.A.					
Principal Place of Business 1036 GRAND HICKORY CIR HOLLY HILL FL 32117				Mailing Address 1036 GRAND HICKORY CIR HOLLY HILL FL 32117	
2. Principal Place of Business 57 Timucuan Drive Suite, Apt. #, etc.		3. Mailing Address 57 Timucuan Drive Suite, Apt. #, etc.			
City & State Ormond Beach, FL Zip 32174 Country USA		City & State Ormond Beach, FL Zip 32174 Country USA		4. FEI Number 20-0791418	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONAHAN, MARIA D 1036 GRAND HICKORY CIR HOLLY HILL FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 57 Timucuan Drive City Ormond Beach FL Zip Code 32174	
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 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN, MARIA D 1036 GRAND HICKORY CIR HOLLY HILL FL 32117			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
57 Timucuan Drive Ormond Beach, FL 32174				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
(Empty row for additional officers/directors)					
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 all other like empowered.					
SIGNATURE: 				3-2-05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	