

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 002 ***150.00

DOCUMENT # P05000108621

1. Entity Name
THOMAS MAHONEY P.A.



Principal Place of Business Mailing Address
~~122 LAKEVIEW WAY~~ 2916 Silver Bell Ct ~~122 LAKEVIEW WAY~~ 2916 Silver Bell Ct
~~OLDSMAR, FL 34677~~ Palm Harbor Fl ~~OLDSMAR, FL 34677~~ Palm Harbor Fl
34684 34684



2. Principal Place of Business 3. Mailing Address
2916 Silver Bell Ct 2916 Silver Bell Ct
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: City & State:
Palm Harbor FL Palm Harbor F
Zip Country Zip Country
34684 Pinellas 34684 Pinellas

02202006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3285963 Applied For
Not Applicable

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

6- Name and Address of Current Registered Agent
MAHONEY, THOMAS
~~122 LAKEVIEW WAY~~ 2916 Silver Bell Ct
~~OLDSMAR, FL 34677~~ Palm Harbor Fl
34684

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, THOMAS	
STREET ADDRESS	122 LAKEVIEW WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, MARIA G	
STREET ADDRESS	122 LAKEVIEW WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
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	2916 Silver Bell Ct	
STREET ADDRESS	Palm Harbor Fl 34684	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2916 Silver Bell Ct	
STREET ADDRESS	Palm Harbor Fl 34684	
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		
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:

Thomas Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #