

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000119942

1. Entity Name  
THE DEMOLITION MAN, INC.



Principal Place of Business  
1807 MAIN STREET  
DUNEDIN, FL 34698 US

Mailing Address  
1807 MAIN STREET  
DUNEDIN, FL 34698 US



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3377914

Applied For  
Not Applicable

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

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

MONAGHAN, ROBERT P  
790 WESTFIELD CT.  
DUNEDIN, FL 34698

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**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	P
NAME	MALKASIAN, ERICK M
STREET ADDRESS	2661 WINDING WOOD DR
CITY- ST- ZIP	CLEARWATER, FL 33761
TITLE	VP
NAME	MONAGHAN, ROBERT P
STREET ADDRESS	790 WESTFIELD CT
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	SEC
NAME	ERICK, MALKASIAN M
STREET ADDRESS	2661 WINDING WOOD DR
CITY- ST- ZIP	CLEARWATER, FL 33761
TITLE	TRES
NAME	MONAGHAN, ROBERT P
STREET ADDRESS	790 WESTFIELD CT
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UD0000620898  
02/09/07-80053-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #