
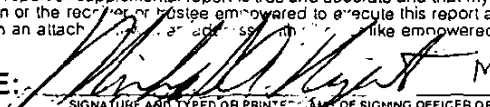


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90046 046 \*\*\*150.00

DOCUMENT # <b>P94000006710</b>					
1. Entity Name <b>Michael A. Nugent, PA.</b>					
Principal Place of Business 6801 LAKE WORTH ROAD STE 121 LAKE WORTH FL 33467			Mailing Address 6801 LAKE WORTH ROAD STE 121 LAKE WORTH FL 33467		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUGENT, MICHAEL 6801 LAKE WORTH ROAD STE 121 LAKE WORTH FL 33467			Name  Street Address (P O Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	NUGENT, MICHAEL Michael		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6801 LAKE WORTH ROAD STE 121		NAME		
CITY - ST - ZIP	LAKE WORTH FL 33467		STREET ADDRESS		
			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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 attached document.					
SIGNATURE: 			Michael A. Nugent		
DATE: <b>4/25/07</b>			(561) 432-4800		