

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000029070

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF MAUREEN MOLLOY, P.A.

**Current Principal Place of Business:**

6495 SW 66TH ST  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771388  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 65-0665189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SQUIER, DAVID  
6495 SW 66TH ST  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MOLLOY, MAUREEN  
Address: 6495 SW 66TH ST  
City-St-Zip: OCALA, FL 34476 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN MOLLOY

PSTD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date