

FILED
May 07, 2007 8:00 am
Secretary of State


4/1

04-18-2007 90169 023 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000050938

1. Entity Name
 THOMAS R. MULCAHY, P.A.



Principal Place of Business 921 SILVER DRIVE ORLANDO, FL 32804	Mailing Address 921 SILVER DRIVE ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE

66013593



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3391297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULCAHY, THOMAS R
 921 SILVER DRIVE
 ORLANDO, FL 32804

**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 Thomas R. Mulcahy Thomas R. Mulcahy 4-10-07
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD MULCAHY, THOMAS R 921 SILVER DRIVE ORLANDO, FL 32804
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**DO NOT WRITE
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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 R. Mulcahy Thomas R. Mulcahy 5-2-07 407-766-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #