

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000029657

1. Entity Name  
MOLHEM & FRALEY, P.A.



Principal Place of Business  
320 W. KENNEDY BLVD.  
STE 330  
TAMPA, FL 33606

Mailing Address  
320 W. KENNEDY BLVD.  
STE 330  
TAMPA, FL 33606

FILED  
05 JUL -6 PM 2: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3508178

Applied For  
Not Applicable

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

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

MOLHEM, DAVID W  
320 W. KENNEDY BLVD.  
STE 330  
TAMPA, FL 33606

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000057478600  
07/18/05--01070--003 \*\*563.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLHEM, DAVID W 320 W. KENNEDY BLVD., STE 330 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALEY, DOUGLAS M 320 W. KENNEDY BLVD., STE 330 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

8/7/13

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6-29-05 (813) 251-6868

Date Daytime Phone #